

ANGLIA RUSKIN UNIVERSITY  
Faculty of Health, Social Care and Education

AN EXPLORATION OF DECISION MAKING BY WOMEN EXPERIENCING MULTIPLE  
AND COMPLEX NEEDS

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Abstract

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An exploration of decision making by women experiencing multiple and complex needs

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Research indicates that women experiencing multiple and complex needs face barriers to accessing the help and support they need, whether as a result of geographical location, choice of opening hours, childcare support, or a lack of female only provision. As a result women are frequently disadvantaged and their personal safety put at risk through increasing vulnerability to further exploitation, the most notable example being their access to safe and secure accommodation. This study contributes to this literature by seeking to understand what decisions and choices are made by women experiencing multiple and complex needs when seeking support from helping services.

This study focuses the attention on the arguably complex and intersecting experiences of women involved in prostitution, showing that they are a result of multiple and severe disadvantage. An in-depth qualitative inquiry was undertaken, applying Bacchi's (1999) 'What's the problem?' approach (WTPA) from interview preparation through to analysis. This approach brought attention to silences, enabling a pragmatic application of intersectionality and detailed analysis, rather than applying the usual policy-derived framework of needs and experiences.

Women talked about caregivers' behaviour, making decisions about whether to trust them and keep attending a service. Silences were found during the interviews that could be 'noticed' and 'heard' in a number of ways, bringing significant additional data to what was said by participants, requiring equal attention in analysis to the spoken data.

There is a dissonance between framing of women's needs by policy and services, and women's lived experiences. This mismatch leads to a complex network of support services that are both difficult for women to access and which fail to meet their needs. This study offers an insight into how women's needs can be met, taking their voice into account. Suggestions are made for social care services, and training providers, to pay attention to the interactions between caregivers and women seeking help and support. The main contribution of this research draws attention to multiple ways in which 'need' can be framed both theoretically and in practice and especially to how silences are noticed and heard.

Key words:

Prostitution; needs; complex and multiple; intersectionality; silences; social care.

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## **1 Introduction**

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### **1.1 The journey to research**

The questions that led to this study began in the observations I made while managing services for those affected by their own or others alcohol or drug use. For some time I had been aware of the significant evidence collated over thirty years detailing the harmful experiences faced by women involved in the criminal justice system, much of which was summarised and reinforced by the Corston Report (2007). There are a number of studies (for example, Neale, 2004; Hepburn, 1999; Becker and Duffy, 2002; Corston, 2007), which look to uncover the practical barriers for women when engaging with particular services such as addiction, criminal justice or mental health services. Whilst there is significant research indicating much provision is orientated around men, particularly in the criminal justice system, there is little which pertains to the decisions and choices that women make when engaging with services.

Listening to women who attended the services I managed, I was mindful that the changes required to effectively support women to access services went beyond the commonly reported practical barriers, including geographical location of services, opening hours and the implications of childcare responsibilities, and delivering women only services. The women I spoke to discussed the challenges of getting out of bed to attend appointments when their mental health was at its lowest, the multitude of appointments that they were often required to attend, and that amongst this the things that they found most difficult were not necessarily prioritised by the professional caregivers assessing their needs. As one woman said to me, “alcohol isn’t my only problem”.

In my management role, I was embedded in the cycle of responding to tenders for commissioned services and delivering in line with policy requirements. Whilst we worked hard to develop and maintain a person-centred service, it was clear that this would not be enough to enable better outcomes for women. On many occasions, I reflected on this and questioned for whom services were being developed, and whether policy had lost sight of the experiences and needs of those it purported to support. Added to this, we saw the labels and framings of multiple and complex needs arrive in the practice language. It was unclear whether this represented women’s experiences or a way of explaining those difficulties that presented the biggest challenge to wider society.

The culmination of these experiences and observations ultimately led to me pursuing doctoral research, to develop my knowledge and skills as a researcher, practitioner and educator, but also to have the opportunity to develop a better understanding of women's experiences when accessing services and finding out what, in their opinion, would be helpful. Hence, this thesis is an exploration of the decisions and choices made by women, who are sometimes labelled as experiencing multiple and complex needs, when they are seeking help and support.

These concerns remained as I moved into the role of trustee at an organisation whose focus is to offer support and help to women involved, or at risk of involvement in, prostitution. As evidenced throughout this thesis, the experiences of women involved in prostitution are multiple and complex. This study focuses its attention on women involved in prostitution; to understand their experiences before, during, and after their involvement in prostitution, demonstrating the breadth and multiplicity of support needs, considering how policy responds to this, and the attention that needs to be paid to how women are met and responded to by helping services. This will bring attention to the voices of women involved in prostitution, to hear their experiences, and how they approach and access the support of helping services. By carrying out an in-depth qualitative study, I will be bringing attention to women involved, or at risk of involvement in prostitution, thus enabling focus in what has the potential to be a very wide scope of study. The women involved in this study access the service where I am a trustee and I will discuss this in greater detail throughout this thesis.

## **1.2 Multiple and intersecting experiences**

Research tells us that the majority of women who become involved in prostitution experience intersecting complex needs, resulting from multiple and severe disadvantage. Common experiences increasing a woman's risk of becoming involved in prostitution include experience of violence and trauma, childhood abuse or neglect, having been a looked after child in local authority care, debt and poverty, supporting their own or others' substance use, and homelessness (Cusick et al., 2003; Matthews et al., 2014; Hester and Westmarland, 2004; Cimino, 2012). Farley et al (2013) note that women are often sexually exploited across a range of activities including indoor and street prostitution, child sexual exploitation, trafficking in human beings, and pornography, making it impossible to compartmentalise these different forms of exploitation. In setting the context for this research it is important to also consider that women involved in prostitution may also be victims of human trafficking, with any discussion around legislation and social response to

prostitution needing to also consider implications of trafficking of human beings for the purposes of sexual exploitation.

When women are asked about the age that they entered prostitution, a high proportion confirm that this was before they were eighteen years old (APPG, 2014; Matthews et al., 2014; Coy, 2016b; Cusick, Martin and May, 2003). There is also much agreement that the language of choice for those involved in prostitution or other associated forms of sexual exploitation is disingenuous, as when examining the reasons for women becoming involved in prostitution an overwhelming number stated they did so in response to poverty, with at least half of the women involved in prostitution reporting that they are coerced into selling sex (APPG, 2014). The experience of women involved in prostitution is one where there is an on-going threat of violence, for example a study in London found that women involved in prostitution had a mortality rate seven times higher than other women living in the same area (Ward, Day and Weber, 1999). There are a number of studies suggesting that around sixty to eighty per cent of those women involved in on-street prostitution have a problematic relationship with illicit drugs, with use either starting or developing since they have become involved in prostitution (Hunter and May, 2004; Ward, Day and Weber, 1999; Matthews et al., 2014).

Access to safe and secure housing is seen as essential and research clarifies how experiences of unstable housing lead to women having to sell sex in order to pay for this and other basic needs (Matthews et al., 2014). The safety and security of accommodation is essential for women vulnerable to exploitation and violence from pimps or previous partners, and is also critical in enabling women to continue relationships with their children. Debt and financial issues entrap women in a continuous cycle of prostitution and debt, with many women unable to complete education or training, impacting on their future employment options (Matthews et al., 2014; Hester and Westmarland, 2004). Significant numbers of women have a criminal record from acts of survival, either as a direct result of their involvement in prostitution, illicit drug use, or acquisitive crimes such as theft, the far reaching impact of this making leaving prostitution more difficult when trying to find employment (Harvey, Brown and Young, 2017). The APPG (2014) also found that the current range of legislation in relation to prostitution treated women who had been in receipt of violence as criminals rather than as victims.

Women involved in prostitution frequently report difficulties in relation to their physical and mental wellbeing, with large numbers experiencing high levels of trauma (Farley and Barkan, 1998). Farley and Barkan (1998) found indicators of Post Traumatic Syndrome

Disorder (PTSD) were higher amongst women who had been involved in prostitution than with American service personnel returning from Vietnam. There are a number of studies which indicate that women disassociate themselves from their experiences in order to cope and whilst enabling individuals to protect themselves from the emotional impact of trauma, “it increases risk of further victimisation as a survivor tends to dissociate in response to actual danger cues that are similar to the original trauma” (Ross, Farley and Schwartz, 2003, p.205).

This section has offered a brief contextual overview of the research indicating the intersecting experiences of many women involved in prostitution. A more detailed exploration of the literature is presented in chapter two.

### **1.3 Legal settlement**

The experiences of women involved in prostitution are arguably more complex as a result of the legal settlement in place. Additionally, the trafficking of human beings for sexual exploitation means that that women are affected by national and international policy, with the resulting support responses that this encourages, or otherwise. Setting out the context of legislation helps provide an understanding of how legislation has an impact on societal cultural responses, service provision, and ultimately on the experience of women involved in prostitution who are deciding if, when and where to seek support.

There are a number of models in use by different countries in an attempt to control prostitution: prohibition, abolition, legalisation, decriminalisation and a regulationist approach, the latter being applied in England, Wales and Scotland (APPG, 2014). Prohibition of prostitution is found in all states of America, except Nevada, and all activities associated with prostitution and the act of exchanging sexual services for payment are criminalised (APPG, 2014). Elsewhere a number of countries, including Netherlands, Germany, USA (Nevada), and a number of Australian states, have sought to legitimise prostitution as an occupation, arguing that in providing such structures, the rights of those selling sex are being safeguarded (Bindel, 2017; Raymond, 2013; APPG, 2014). Since the decriminalisation of prostitution in New Zealand just over a decade ago, there has been a dramatic rise in women there becoming involved in prostitution, many of whom citing personal experiences of poverty and an increasing acceptability of prostitution (Bindel, 2017; BBC, 2017; Raymond, 2013). Additionally, there are survivor testimonies indicating that women involved are insufficiently protected under the current legislative circumstances of New Zealand (BBC, 2017; Valisce, 2017). There is also

evidence indicating that, “encouraging demand through legalising it (prostitution) cultivates trafficking to meet that demand” (Nordic Model Information Network et al., 2016, p.6).

There is increasing support in European countries for an abolitionist approach, or as it is more frequently known, the “Nordic Model”, after Sweden’s enacting of the legislation in 1995. This followed agreement in the Swedish government that prostitution was incongruent with a gender equal society, criminalising the purchase of sex as part of their Violence Against Women Act in 1998 (Ekberg, 2004). This approach criminalises those who purchase sex, and the individuals and gangs profiting from it, while decriminalising those who are prostituted. Some argued the abolitionist approach would push prostitution underground, increasing the risk of violence for women involved, however evidence suggests to the contrary, with research figures also indicating a reduction in men’s demand (Nordic Model Information Network et al., 2016; Länsstyrelsen Stockholm, 2014).

Following in Sweden’s footsteps, Norway and Iceland changed their legislation in 2009, with Northern Ireland, Canada, South Korea, Ireland and France since making provisions for an abolitionist approach (APPG, 2014; Nordic Model Information Network et al., 2016; Raymond, 2013; CAP International, 2017b). In 2014 resolutions were passed in both the European Parliament and Parliamentary Assembly of the Council of Europe, making clear recommendations for the enactment of the Nordic Model as part of an approach to address trafficking of human beings (European Parliament, 2014).

There is evidence that demand informs the supply of prostitution, and there are many organised crime networks exploiting this demand through the trafficking of women for prostitution (UNODC, 2012). When launching The Global Initiative to Fight Human Trafficking, the UNODC (2006, p.1) stated that trafficking of human beings had “reached epidemic proportions”, affecting every country in the world. The Palermo Protocol, or as it is officially known, the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (United Nations, 2000), is the culmination of efforts to tackle trafficking internationally. The treaty sets out a clear and detailed definition of trafficking in article 3(a) as the;

“Recruitment, transportation, transfer, harbouring or receipt of persons, by means of threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent

of a person having control over another person, for the purpose of exploitation” (United Nations, 2000).

Along with the exploitation of individuals through prostitution and other forms of sexual exploitation, the United Nations (2000) defines trafficking of human beings as also including those who are trafficked for purposes of forced labour, slavery or practices that are similar to slavery, servitude and organ removal for transplant. Data indicates that around seventy-five per cent of trafficking victims are women and girls, and fifty-eight per cent of all trafficking cases that have come to the attention of official services are for the purpose of sexual exploitation, with destination countries in Europe, Central Asia and the Americas (UNODC, 2012). The primary concern of the Palermo Protocol is to combat organised crime, protect and support those who have been victims of trafficking and promote the cooperation of nations in meeting these aims (United Nations, 2000). The protocol’s principles have been further developed in Europe with the publication of the EU directive which seeks to better protect victims (European Commission, 2011).

The UK, in the most part, is a destination country for victims of trafficking; the majority of adult victims are women whom are trafficked into the UK for sexual exploitation or domestic servitude (GRETA, 2012). There are indications that the number of girls (under eighteen years) being brought into the country for purposes of sexual exploitation has been increasing (GRETA, 2012, 2016). In 2014, the Home Office reported prevalent country of origin for those trafficked into the UK as Albania, Romania, Nigeria and the UK itself (Home Office, 2014), more recent reports identify Albanian, UK and Vietnamese nationals are “the most commonly reported victims” (National Crime Agency, 2017). In the UK, victims are identified, supported and protected through the National Referral Mechanism, which has been in operation since April 2009 (National Crime Agency, 2017; House of Commons Work and Pensions Committee, 2017).

In March 2015 the Modern Day Slavery Act received royal assent, defining Modern Slavery as “slavery, servitude, forced and compulsory labour and human trafficking”, where victims are deceived, coerced and forced into a life where they may be physically abused, sexually exploited, work for no pay and made to commit criminal acts (Home Office, 2014, p.15). The central provisions of this act were the creation the role of the Independent Anti-Slavery Commissioner and developing protection for victims of modern slavery (Modern Slavery Act 2015 (c.30)) .

Returning to the sex trade, there is arguably a gender power imbalance within prostitution and this is demonstrably linked to wider gender inequality (Ekberg, 2004; APPG, 2014; Raymond, 2013; Coy, 2016a). The change of law in Sweden to criminalise the purchase of sex created a substantial difference in the population's attitude towards prostitution, demonstrating how a legislative change can impact on the acceptability of paying for sex and that this change in attitude be of benefit the protection of all women, not just those involved or at risk of involvement in prostitution (APPG, 2014; Nordic Model Information Network et al., 2016; Waltman, 2011).

In question throughout the various models of legislation is the language of choice, what (2004) define as the sex work discourse, the moral order discourse and the public nuisance discourse. The moral order discourse, which Kantola and Squires (2004) present as framing the development of policy in England and Wales, suggesting it is drawn from traditional morality concerns relating to child welfare, human rights and feminist response to sexual domination. Although as is argued elsewhere in this chapter, much of the UK legislation has been set around a public nuisance discourse, where greater attention has been paid to kerb crawling and moving women out of areas through the use of anti-social behaviour orders. However, Kantola and Squires (2004) view the legalisation of prostitution in the Netherlands as effective in ensuring that a sex worker discourse was prominent and influential in Dutch policy making. Although many would argue that those who make up the sex worker discourse are also those with a vested interest in its longevity, evidence for which is provided by Raymond (2013) and Bindel (2017) . The key challenge for policy makers appears to be ensuring that all voices are heard when considering future responses to prostitution, summarised by the APPG who said, "to deny that there are no individuals for whom entry and exit into prostitution is entirely their own choice would be disingenuous...for the vast majority however, language of 'choice' is deeply problematic" (APPG, 2014, p.38). As discussed in the following chapter, and throughout this thesis, there are many women's voices that have been silenced and are thus not heard by policy makers or the wider public. It is important that consideration is given as to why this is the case.

The current 'regulationist' approach to prostitution found in England and Wales stems from the Wolfenden committee of 1957, which focused on how street prostitution was policed, placing attention on the women whom were prostituted rather than those making money or purchasing sex from them (Broadbridge, 2009, APPG, 2014). The recommendations of the Wolfden Committee are found in the enactment of the Sexual Offences Act. A change in attitude towards women involved in prostitution was seen in



the Criminal Justice Act (c.28), bringing to an end custodial sentencing for women convicted of soliciting. Concerns about kerb crawling became a priority in the following five years and politicians sought to manage demand through the Sexual Offender Act 1985 (c.44) . Although, it became nigh on impossible for police to demonstrate the 'persistence' of kerb crawlers, leading to a variety of approaches across the country.

A cross-party parliamentary group on prostitution (1993-1996) concluded that existing legislation was ineffective, lacking coherence or integration. These concerns have been echoed in the recent APPG. In 1998, the Labour government followed up on recommendations to reconsider policies, carrying out a review of sexual offences and related penalties, whilst making it clear this was not an opportunity to discuss the legality of prostitution (Home Office, 2000). The ensuing proposals and white paper (Home Office, 2000, 2002) were eventually enacted in the Sexual Offences Act 2003 (c. 42) , bringing attention to the exploitation of individuals who had been trafficked. This legislation made it illegal to cause or incite an individual to become involved in prostitution, to keep or manage a brothel, and increased the seriousness of the offence where exploitation involved under eighteens (Sexual Offences Act 2003 (c. 42)).

In 2004, Hester and Westmarland carried out a Home Office funded review, reporting on the context within which women came, and continued, to be involved in prostitution, alongside the ever present dominating power of men and their violence. This report shifted the view that involvement in prostitution was an active choice, and suggested instead that it directly resulted from societal inequalities (Hester and Westmarland, 2004). The ensuing Co-ordinated Prostitution Strategy (Home Office, 2006) found the government challenging the idea that prostitution was something that would continue in British society.

However, the government strategy failed to take into account the impact of the wider social problems experienced by women, deciding that drug use was the main barrier to women exiting prostitution (Melrose, 2007). Whilst there is evidence (May et al., 1999; Hester and Westmarland, 2004) to indicate the increased levels of illicit substance use amongst women involved in prostitution (also discussed in chapter two), Melrose (2007) comments that government focus on problematic drug use led to a strategy establishing a fast-track entry into drug treatment as a first step to exiting. This strategy, which had no extra monetary commitment, simplistically considered women involved in prostitution as a homogenous group, and did not address society's structural inequalities which may contribute to women becoming involved in and staying in prostitution, or the underlying

reasons for their substance use (Melrose, 2007). Elsewhere it is argued that the consultation paper and following strategies focused on minimising harm rather than actively supporting women to exit prostitution, with strategy proposals ignoring the “emotional and relational elements of desistance”, focusing instead on the administrative processes of setting up such exit routes (Matthews et al., 2014, p.123). What is clear in this consultation exercise is that when asked, nearly all women wanted to move on and out of prostitution (Home Office, 2006; Hunter and May, 2004; Hester and Westmarland, 2004).

In 2014 an All-Party Parliamentary Group on Prostitution and the Global Sex Trade (APPG, 2014) sought to “assess the current legal settlement on prostitution in England and Wales”. Its purpose was to understand the impact for those involved in selling sex, and to seek to reduce the demand for prostitution by proposing action for government (APPG, 2014). The APPG sought oral and written evidence from those currently involved and previously involved in prostitution, those who purchased sex, service providers, non-governmental organisations (NGOs), academics and other interested parties. In reviewing the current legislation they found that it was failing the vulnerable, while protecting the perpetrators of exploitation (APPG, 2014). Echoing Melrose (2007), the APPG (2014, p.8) concluded that;

“The lack of a clear and consistent political strategy has resulted in legislation which simultaneously condones and condemns prostitution...this ambivalence translates into inconsistent and unbalanced enforcement, which often targets victims of coercion rather than perpetrators”

The APPG (2014) heard evidence that involvement in prostitution is most often a response to poverty, where many women have experienced childhood sexual abuse, and a significant number report entry into prostitution when they were under eighteen years old, with local authority looked after children being particularly vulnerable. The evidence collated by the APPG (2014) is reflective of research presented elsewhere in this thesis. Whereas Nicky Adams (English Collective of Prostitutes, cited in APPG, 2014, p.39) argued that, “there is nothing inherently violent about prostitution or harmful about prostitution, especially compared to other options women face”, reflecting a view that the majority of those involved in prostitution are doing so from a position of informed choice. This view is being held in a society where evidence demonstrates a clear risk to prostituted women’s mortality and experiences of violence, where at least half of those involved in prostitution report they are coerced into selling sex (APPG, 2014). This position taken by the English Collective of Prostitutes, is extensively challenged by other

survivor voices, the most notable are the women involved in SPACE International (Space International, 2017; Moran, 2015; Bindel, 2017).

More recently the Home Affairs Committee (2016) has begun an inquiry on prostitution, chaired by the MP Keith Vaz. The interim report made recommendations for decriminalising those who are sold, or sell, sex, but withheld making clear recommendations on broader prostitution policy and specifically, criminalising demand (Harvey, Brown and Young, 2017). Whilst the government responded noting recommendations and the need for further research prior to any changes in policy, attention was diverted when the chair of the same committee was widely reported in the press as paying for sex (Bindel, 2017). This led many abolitionist campaigners to question the overall fitness of the committee's recommendations, and "campaigners for sex trade decriminalisation conversely argued that the report should stand" (Bindel, 2017, p.157). At time of writing the Home Affairs Select committee is being reconvened and a new chairperson appointed.

The national legislative response to prostitution operates and interacts in a global dimension. It is imperative then that the frameworks within these individual countries are able to effectively support victims of this often highly organised crime. It is essential that countries understand how society's structures create environments in which trafficking of human beings can take place; making individuals vulnerable to exploitation and coercion through poverty or lack of education, alongside a culture of socially accepted demand for buying women for sex which criminals are actively exploiting.

#### **1.4 Overview of thesis**

Throughout this thesis there are three key themes that repeatedly emerge which need to be addressed. The first relates to the dissonance between the experiences of women and the framing and constitution of needs in policy and helping provision. The second is how helping services are constructed to respond to these needs and the impact this has on the way women choose to seek and access support. The third recurring theme is focused on an attention to silences in research enabling the breadth and detail of women's voices to be heard. I shall explore these areas as they arise throughout the literature, in the methodology and findings of this study.

I will be discussing the formulation of the research questions in more detail later on, but in summary this thesis aims to: explore the current understanding of complex needs, to

critically assess ways in which the construction of complex needs underpin services for women, to explore the narratives and experiences of women with complex needs, and to examine ways that understanding of women's decision making when seeking and accessing help and support can be developed.

These areas of discussion will be addressed throughout the thesis, and an overview of the structure and content is set out below:

### **Chapter One: Introduction**

In this chapter I have set out my journey to this study, the context of what is known of the multiple and intersecting experiences reported by women involved in, or at risk of involvement in, prostitution; additionally presenting how the legal settlement adds to this complexity.

### **Chapter Two: Needs and Experiences**

In this chapter I review the literature that considers the history and concept of need, and the application of the language of 'multiple and complex needs'. Additionally there is an exploration of the literature reporting experiences of women involved, or at risk of involvement in prostitution, bringing attention to how this aligns with the discussion of multiple and complex needs.

### **Chapter Three: Helping services, support and intervention**

This chapter explores the literature around service provision and its organisation, in which I collate the various methods of considering service provision into a taxonomy of helping services. I also present some of the literature around the more prominent theories and models of change and intervention that are prevalent in helping services. This is followed by a discussion regarding the challenges in the provision of helping services and some of the barriers to access for women.

### **Chapter Four: Methodology**

In the fourth chapter, I set out the philosophical underpinnings of the research and discuss the intersectional feminist approach to research used for this study. The research strategy of an in-depth qualitative study is detailed and ethical considerations addressed. I also set out the thematic analysis applied to the resulting interview data.

## **Chapter Five: Findings**

In this chapter, I present the findings of the study; broadly framed in response to the questions set out in Bacchi's What's the Problem? Approach (WTPA) (1999). The use of WTPA alongside the six phase thematic analysis (Braun and Clarke, 2006) enables a rigorous analysis of the data, ensuring framings of policy makers are not reapplied as a mechanism to thematically make sense of the data. In addition, the WTPA (Bacchi, 1999) brings attention to the silences within discourse and I report on how these appeared in the interviews with women.

## **Chapter Six: Discussion**

Within this chapter I contextualise the findings of this study within the wider literature and address the tensions therein. It is split into three areas of discussion; the tensions around framing need, the decisions and choices made by women when seeking help and support, and how silences appear and can be understood.

## **Chapter Seven: Conclusion**

The final chapter summarises the research and returns to the research questions, considering how they have been answered over the course of the study. There is discussion concerning the limitations and strengths of the research, including references to the originality of this study, and contributions to knowledge. Finally, I make recommendations for practice and further research.

## **Appendices**

I have included the anonymised vignettes of the women involved in the interviews, accompanied by diagrams to demonstrate the intersecting multiple experiences that they described. These also provide the reader with a context for the comments and quotes presented in the findings chapter.

I have also included copies of the information used in the ethical preparation of this study, recruitment of participants and process of gaining consent for involvement.

## **2 Needs and experiences**

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The use of the word need, and its role in enabling access to resources, is intrinsically interwoven into the fabric of the UK welfare provision and its helping services. Individuals are assessed and defined by their need; this having significant implications for their access to help and support. This chapter considers the development of the concept in the last century, the ways in which academics have sought to define need, and its use in more recent times as a method to manage access to resources. I argue that need is a socially constructed concept, having considerable implications for those whose experiences and circumstances are not considered as a need by policy makers and helping services. Linking to the title of this thesis and setting a context for the research, I will review the development of the phrase 'multiple and complex needs'. I will also discuss what the term purports to represent, its use, and impact as a tool in understanding the interlocking experiences and circumstances of individuals' lives. It becomes evident that there are many challenges in understanding women's experiences of multiple and complex needs, particularly if they are absent from helping services preventing researchers to report their experiences. I suggest that as we begin to look for silences and missing information, then it is necessary to question why women are not present in the data, but also to develop an understanding of their experiences of multiple and severe disadvantage.

As noted in the previous chapter, to enable focus in what has the potential to be a very wide scope of study, I will be bringing attention to the experiences of women involved in prostitution in this in-depth qualitative study. This chapter will include a review of literature that pertains particularly to the experiences of women involved in prostitution. It is evident in this chapter and throughout this thesis, that women involved in prostitution experience many challenging and difficult circumstances, situations and experiences which can be considered under the framing of 'multiple and complex needs'.

It is also pertinent here to make a note about language. As is evidenced in this chapter, the term 'need' is a difficult and slippery concept, and its presentation varies dependent on who is naming and defining it. As I want to avoid misrepresenting women's voices and experiences, or falling into the trap of 'professionally defining need', I have generally chosen to talk about women's experiences rather than women's needs, with women involved in this study rarely conceptualising their life experiences as needs. The literature

may refer directly to their needs, but I am conscious that these terms can at times appear interchangeable, but this is a result of the real challenge of how need is defined and who defines it. There are arguably distinctions between 'needs' and 'experiences', but these distinctions can also be found in my data. Later in the thesis I will discuss how various groups of people address the concept of need.

## **2.1 The concept and construction of need**

To understand the term 'complex and multiple need' and its use in policy and practice, it is necessary to appreciate the development of the term 'need', how it is used and the impact that this has had on individuals, service provision, policy and wider societal structures. The concept of need has a history intertwined with British politics, policy, and economy, with the modern concept of need embedded in the construction of the post-second world war welfare state.

Following World War Two, efforts were made to overturn the negative impact of the poor law, with government seeking to identify those in need and offer benefits to them, with the goal of encouraging wider society to understand the concept of social citizenship (Langan, 1998). The post-war welfare state was a result of the Beveridge report's (1942) focus on the needs of the wider society rather than those of the individual, with an overarching aim to increase a wider sense of belonging within society, later defined as 'social citizenship' (Marshall, 1950). This revised welfare approach saw little resistance in post-war Britain, hardly surprising since for the duration of the war the needs of society were considered more important than those of individuals. Within this mind-set the state acted as a 'benevolent father figure', determining the services needed by society in line with its own judgement (Langan, 1998; Page, 2003). It took until 1973's recession to see the next significant shift within a universal welfare system, as previous societal consensus about universal benefits began to crumble, the system was criticised for its failure to respond to the increasing diversity of the country (Langan, 1998).

During the 1970s Bradshaw (1972) presented "A Taxonomy of Social Need" setting out an explanation for different types of need. It is useful here to describe Bradshaw's taxonomy to understand the variety of ways that the concept of need can be considered, dependent on the viewpoint, circumstance, or role in managing and accessing resources. Understanding this context is important when exploring some of the parameters that affect women's choices and decisions when seeking support, be it from how they are framed in the language of need, assessed, if their experiences and circumstances are considered

needs that can be met, or what circumstances enable them to gain access to welfare resources and help.

Bradshaw's (1972) Taxonomy of Social Need sets out various types of need. 'Felt or expressed' need, is described by Bradshaw (1972) as an inadequate measure of 'real need' as the individual has to be aware of available help in order to express their need or want of the service, something which is in the most part subjective. While 'comparative need' measures the levels of need by comparing populations receiving services (Bradshaw, 1972). Whereas 'normative need', or elsewhere 'professionally defined need', is need which has been described by 'experts', and it is argued that as experts are frequently male, reasonably affluent, and have had the opportunity of education, then these definitions of need are potentially informed by paternalistic norms of the middle class, making the definition of need a value judgement (Bradshaw, 1972). As illustrated in chapter one, in the overview of the legal settlement on prostitution, there is potential for disagreement about what the support needs of women involved in prostitution are, particularly when considered against the backdrop of various legislative approaches. Women's needs are professionally defined differently according to the country they reside in. For example in France they are considered victims of violent crimes, whereas in neighbouring Germany women are seen to be making choices about their employment. These legislative frameworks set out how experiences of women involved in prostitution will be assessed, judged and considered as a need, resulting in variances in their access to resources that can help and support them. This dissonance is one I will return to later in this thesis.

This idea was developed by Smith (1980) who noted that there is a 'relative concept of need' defined by social care practitioners and the agency in which they operate. Godfrey and Callaghan (2000a) comment how a helping service's structure, accessibility, professional ideology, and eligibility criteria determine a relative conception of need all before an individual that may be seeking help has expressed their felt need. Giving consideration to how need is defined and understood is particularly pertinent for this study, as I seek to understand the experiences and ways in which women involved, or at risk of involvement in prostitution seek help and support.

Rationing of the welfare state seen in the 1980s occurred as government operated from a traditional free market perspective, resisting an increase in expenditure on the welfare state and where social policy academics were seen as inflating need (Page, 2003; Langan, 1998; Fraser, 2003). Reforms responding to the preparation and implementation



of National Health Service and Community Care Act 1990 (c.19) left councils purchasing care from private, voluntary and public providers, where inadequate financial support available for service provision had to be rationed (Langan, 1998; Page, 2003). The National Health Service and Community Care Act 1990 (c.19) required professionals to identify services which would respond to individuals via a 'needs led assessment'. This still holds significant implications for the commissioning and provision of today's social care services and the support available to women involved, or at risk of involvement in prostitution. The more recent Care Act 2014 (c.23), is presented as shifting the focus of local authorities from providing services to meeting needs (SCIE, 2016).

If need is considered as a socially constructed concept, then there are significant implications for those whose needs are not considered within the 'normative or professionally defined need' of policy makers and helping service providers. This is particularly applicable, when developing an understanding of the experiences of women involved in prostitution and the choices they make when accessing and engaging with services. This is addressed later in this thesis, as it becomes apparent that the significant implications on women's access to services and their overall wellbeing are closely linked with knowing that one has a need and that services and policy consider these as needs requiring support.

## **2.2 Complex and multiple needs**

During my career as a social worker supporting individuals affected by their own or others drug and alcohol use, the term 'multiple and complex needs' was in frequent use by a wide range of agencies to describe service users who were presenting to services requiring support with many interlinking 'needs'. It also seemed a way for services to describe experiences and situations they were unable to support individuals with. It appeared to me that it had become a way to describe those who were in contact with several services and were deemed 'hard to reach', or in other words did not engage regularly with services of their own volition.

Whilst there is no clear definition of the term 'complex needs' (Rosengard et al., 2007; Rankin and Regan, 2004a), there are a number of authors who offer a useful explanation and frame of reference to the term. I, like Rosengard et al (2007), have concerns about using the term 'complex and multiple needs' in case I further stigmatise and label people. Whilst I feel uncomfortable with the language at times, I need to reflect that this has become a common term in literature and practice. It appears that the first reference to

individuals who experienced more than one identified need was in the term 'Dual Diagnosis', used by the American medical profession for patients diagnosed with mental health problems who used illicit and licit substances (Keene, 2001). Whilst this diagnosis brought with it specialised service responses, there is little research supporting a direct correlation between experiencing mental health problems and use of substances, and it is evident that the needs of those given this label are more diverse than their substance use and mental health problem(s). Ultimately this term fails to recognise the multiplicity of support and treatment required (Keene, 2001; Rankin and Regan, 2004a)

An attempt to develop an understanding of the term 'complex needs' was made by Keene (2001, p.13), who explained that "vulnerable men and women lie at one end of the continuum and at the other end there are those who have a single 'simple' need...in between there are many whose needs vary from the relatively straightforward to much less so". On this continuum are those who make heavy use of services to others who use services minimally, or as suggested by Rosengard et al (2007) it is a hierarchy of need based on how individuals use services and the challenges that are experienced by services. The continuum of complex needs set out by Keene (2001) was used by the Department of Human Services (Victoria, Australia) (2003) to inform their research and subsequent service responses. They commented that terms such as 'challenging behaviour' and 'multiple needs' were sometimes used instead of 'complex needs', saying that the term 'complex needs' was used "to refer to people whose needs and behaviours are a challenge to health, human services and criminal justice systems" (Department of Human Services, 2003, p.3). This view that individuals are a challenge to services is one sided, failing to consider that some people are disadvantaged by society's structures (Neale, 2004).

The Department of Human Services (2003) described individuals by their presenting behaviours rather than their needs. They described behaviours that were considered a challenge to services as aggressive, threatening or violent behaviour; harming oneself; poor life skills; a lack of social support networks; repeatedly experiencing crisis and making heavy demands on services (Department of Human services, 2003). This definition of complex needs is at odds with Rankin and Regan (2004a, p.i) who stated that the term offers "a framework for understanding multiple interlocking needs that span health and social issues", where individuals can experience a breadth and depth of need. Rankin and Regan (2004a) concluded that searching for a clear definition of the term would not be useful or representative of an individual's experiences. Although, it can be

argued that this term offers a framework to begin to understand the inter-connectedness of individual's needs (Rosengard et al., 2007; Rankin and Regan, 2004a).

That individuals have to seek support from a wide range of services reflects a failure of social and health care agencies to respond to a range and severity of individual needs (Rankin and Regan, 2004a). Neale (2004) and Godfrey and Callaghan (2000b), comment that the problems faced by individuals cannot be separated from the structure in which they live their lives, and it is essential to understand an individual's lived experience and environment. The most vulnerable or excluded are often not accessing and making use of the full level of support they need, or that is available to them, with those identified as experiencing multiple and complex needs not receiving the support they needed (Rosengard et al., 2007; Keene, 2001). This suggests that the term 'complex needs' can be a useful way to describe those who may need more support, and provides a way of developing understanding of the complexity of an individual's needs amongst commissioners and service providers (Rankin and Regan, 2004a).

It is argued that hundreds of thousands of people are affected by their complex needs (Anderson, 2011; Rankin and Regan, 2004a). With those considered as experiencing multiple and complex needs mostly found within service user groups that present concern to the public, such as the criminal justice and homeless population (Anderson, 2011). There are significant challenges in trying to clarify the prevalence of complex and multiple needs in the adult population, including the difficulty of recording information about a group that often have intermittent contact with services, accompanied by inadequate information collection and sharing by, and between agencies (Anderson, 2011; Rankin and Regan, 2004a). It is also frequently reported that there is a high prevalence of multiple and complex needs amongst women involved in the criminal justice system, however they are seen as a minority amongst the larger male population (Corston, 2007; Gelsthorpe, Sharpe and Roberts, 2007). Ultimately it is impossible to establish exact numbers of those experiencing multiple and complex needs when the concept overall lacks definition.

In a review of research findings, McDonagh (2011) found that those experiencing homelessness, at its more extreme end, were highly likely to need support in other areas of their lives. The review found that half of service users who were homeless also reported that they had been an in-patient for mental health treatment, used illicit or licit substances, and engaged in other street activities (McDonagh, 2011). It was also common for those living on the streets to report traumatic experiences in childhood and self-harm in

adulthood, including suicide attempts (Fitzpatrick, Bramley and Johnsen, 2013; McDonagh, 2011). Similar data was also present in the Department of Human Services study (2003), with half of the adults involved in their study reporting experiences of abuse and neglect as a child, nearly half of the group said they had harmed themselves in the previous year, over seventy per cent were currently or had previously been involved in criminal justice services, and over a third were homeless.

In 2006 the UK government reported that, “adults facing severe or multiple disadvantage tend to be less likely to access services and, when they do, they are less likely to gain from them...they can find it difficult to engage with multiple public services in order to improve their lives and often live at the very margins of society” (Cabinet Office, 2006, p.72). Elsewhere individuals identified as having multiple and complex needs are seen as being poorly served by helping services, with a variety of opinions about who is responsible for individuals engagement with services (Rosengard et al., 2007). There is a concern that those most in need of help and support are frequently not accessing the helping services, or when they do it is sporadic and chaotic, lessening the effectiveness of the support on offer (Department of Human Services, 2003).

Recently Bramley et al (2015) undertook research into ‘Severe and Multiple Disadvantage’, a term explained as something that happens to people as a result of society’s actions, seemingly evolving from the term ‘multiple and complex needs’. Severe and Multiple Disadvantage is described elsewhere as the result of an individual’s experiences exceeding a service provider’s capability to support the individual either meaningfully or effectively (Lankelly Chase Foundation, 2015). This definition refocuses attention on the impact society has on individuals, rather than entirely with the individual’s engagement with services and their behaviours within that society. As Neale (2004) points out, the overarching structure in which individuals live their lives cannot be separated from the difficulties they experience, making it impossible to understand how individuals choice or motivation can operate in isolation from this. I address this theme of individual’s motivation to engage with helping services in more detail later in chapter three, as I review the models of support and the impact of neoliberalism on provision.

In their study, Bramley et al (2015) found that those who experienced severe and multiple disadvantage were predominately white males in their mid twenties and forties, who for the majority of their lives have been economically and socially marginalised, often reporting trauma resulting from their childhood. At the end of their report, the authors noted that further research was required to establish the impact of multiple and severe

disadvantage on women, which they thought likely to be a different experience than that of men (Bramley et al., 2015). Much of the data collected by Bramley et al (2015) was derived from details held by service providers, bringing attention to the smaller numbers of women within helping services. However, it cannot be simply presumed that because women are not present in services means they are not experiencing severe and multiple disadvantage.

As will be considered in detail later in this thesis, if one applies Bacchi's (1999) 'Critical Frame Analysis', and look for missing information or silences in data and reports, then in the case of the Bramley et al (2015) study, it is necessary to question not only why women are not present in the data, but also to establish where and how they experience multiple and severe disadvantage. The funders of the Bramley et al (2015) report conclude, that "while gendered disadvantage affects all women there is a social gradient; women in the least advantaged groups are the most likely to suffer the most extensive abuse across the life-course" (Lankelly Chase Foundation, 2015, p.9). They also comment that in particular women involved in prostitution can be considered as severely and multiple disadvantaged, as their engagement with, and continuing involvement with prostitution, results from few available choices and reduced capabilities which often stemmed from experiences of poverty, coercion, substance use, homelessness and childhood trauma (Lankelly Chase Foundation, 2015).

### **2.3 Women involved in prostitution: experiences and needs**

Below is an overview of the literature reporting experiences of women involved in prostitution. This provides a context to the overall inquiry, and also illustrates the interlocking and multiple difficulties and needs where women may benefit from further support. I am aware that each individual's experience and needs are unique and wish to clarify that I am not suggesting that all women have the same experiences or need. Also, while there are a number of reported reasons why women enter prostitution, these experiences cannot be used as a predictor for women becoming involved (Cusick et al., 2003). Furthermore it is useful to reference the earlier discussion on the concept of need, particularly when considering how professionals understand, define and establish need, and the potential impact this has on research and its findings. Throughout this thesis I return to the work of Matthews et al (2014) and the report on their recent research exploring the experiences of women exiting prostitution, and reflections on support for exit. It is one of the few studies to consider the implications for women leaving prostitution and the effectiveness of helping services supporting this journey. The research has

strength in the geographical spread of participants and the number of women involved in the study. Matthews et al (2014) used a multi-method approach, interviewing one hundred and fourteen women located across England over the course of two years. In addition, they also carried out thirty-five semi-structured interviews with stakeholders in ten locations across England and Wales (Matthews et al., 2014).

It is widely reported across the research, that many women report becoming involved in prostitution before they were eighteen years old (Matthews et al., 2014; Coy, 2016b, 2008; Melrose, Barrett and Brodie, 1999; Farley et al., 2004). The legislation in England and Wales states that paying to have sex with an under eighteen year old is a crime and is defined as child sexual exploitation (Department of Health, 2000). This is important when considering how antecedents are presented within the literature. A common method within the literature was to describe experiences that influence involvement with prostitution as 'pull' and 'push' factors (Cimino, 2012; Hester and Westmarland, 2004). Factors, also framed as vulnerabilities, that have been identified as 'pushing' women into prostitution include poverty, a home life which is 'unstable', a childhood in which neglect, and physical and sexual abuse were experienced, and a current problematic relationship with drugs (Cimino, 2012; Cusick et al., 2003). 'Pull' factors thought to draw young women into prostitution included it being seen as a 'glamorous lifestyle', enjoyment of risk taking, the opportunity to be in control via financial independence, or encouragement to become involved by friends or those posing as friends (Cimino, 2012; Cusick, Martin and May, 2003). I would argue that it seems disingenuous to present women and girls as being 'pulled' or drawn into prostitution, but instead these activities should be reframed as grooming or coercion by adults of vulnerable children and young women, for the purpose of sexual exploitation. Those adults who carry out this 'grooming' activity are aware that they are able to exploit vulnerabilities. In the conclusion of their study, Cusick et al (2003) report that the root cause of young people's involvement in prostitution is a lack of money. Hester and Westmarland (2004) also report that research has clearly established the links between poverty and an individual's involvement with prostitution.

Agencies supporting women involved in prostitution have developed since the 1980s where services first provided responses to the HIV/AIDS pandemic. At this point in the mid-1980s the main focus was 'Harm Minimisation', and during this time funding was made available to support women who also had a problematic relationship with drugs as they were considered a high-risk group (Pitcher, 2006). More recently helping services are supporting a wide range of needs presented by a diverse group of women and their experiences. Some of the experiences reported by women involved in prostitution

include, exposure to violence and domestic abuse, problematic relationship with drugs and or alcohol, experiencing homelessness which often stems from debt or drug use, involvement with the criminal justice system, communities and police harassment particularly by the use of Anti-Social Behaviour Orders, mental health problems including low self-esteem, and negative encounters with statutory services (Pitcher, 2006). Hester and Westmarland (2004) commented on the growing body of literature evidencing the violence that women involved in prostitution experience. More recently Coy (2016b, p.578) commented on the evidence from repeated studies carried out both in the UK and globally showing, “the sex industry as a context in which sexual and physical violence, perpetrated by men against women and girls, is pervasive”.

### **2.3.1 Trafficking of human beings**

As noted in chapter one, there appears to be a greater understanding and increase in legislative powers responding to the victims of human trafficking and the criminals making money through exploitation. However, it is questionable if authorities truly understand the extent of coercion experienced by girls and women under the control of traffickers and the significant levels of trafficking that occur within the borders of the UK (NCA, 2015). Recently we have witnessed a significant number of serious case reviews into the coercion and exploitation of children who have been trafficked within the UK for the purposes of sexual exploitation. In 2015 there were two serious case reviews, Oxfordshire (Bedford, 2015) and Rotherham (Jay, 2015), reporting on ‘grooming’ experienced by girls who had been coerced and trafficked for purposes of sexual exploitation, and the failure of authorities to understand what was happening. This brings into question the view of children and young women being ‘pulled’ into prostitution, bringing to light the manipulation and exploitation of the vulnerable by criminal gangs.

When looking at reported figures of trafficking victims by country of origin, there are links with poverty and individuals wanting to seek of a better life, increasing vulnerability to exploitation (Lehti and Aromaa, 2006). Victims report responding to false promises of work in more affluent countries, only to find out later that they have been trapped into prostitution, with passports confiscated, threats of violence against family members and being bonded by debts (Lehti and Aromaa, 2006; Hales and Gelsthorpe, 2012; Lee, 2011).

The support needs of women who have been trafficked for purposes of sexual exploitation are complex and varied. Alongside the significant mental health problems that are

present amongst victims, including high rates of depression, post-traumatic stress, suicidal ideation and somatic symptoms (Gajic-Veljanoski and Stewart, 2007; Ashwroth and Franklin, 2014). All trafficked victims were reported to meet the USA medical diagnostic criteria for some form of mental health problem, and it is also evident that there is significant drug and alcohol use amongst women trafficked for purposes of sexual exploitation (Farley and Barkan, 1998; Farley, Franzblau and Kennedy, 2013). Women experience many physical health problems, including injuries resulting from their experiences of physical assault and rape at the hands of traffickers and buyers, sexually transmitted diseases and infections, gynaecological problems, unwanted pregnancies and forced abortions (Farley and Barkan, 1998; Farley, Franzblau and Kennedy, 2013). The experiences women have of the systems of support in their country of origin may not align with those expected in the UK. For example, women prior experience of law enforcement may be one of corruption and distrusting of police. In Nigeria, part of traffickers coercion is their utilisation of African Tradition Region as a means of control (Ikeora, 2016; Hopper and Hidalgo, 2006). The impact of significant coercion, the threat and enactment of physical and sexual violence is extensive on an individual's long-term mental health and overall wellbeing.

Women who are trafficked into the UK are often foreign nationals, frequently without appropriate documentation as traffickers take this from them in a bid to maintain control (Home Office, 2016). As policy changes have responded to public opinion around issues relating to migration, the impact of these concerns has had a significant bearing on how highly vulnerable women have been trafficked. The complexity of their immigration status, their fear of law enforcement and a lack of understanding of the complexity of their need, can lead victims of trafficking to experience further challenges when trying to leave prostitution, if they manage to escape the situation they are in. For example, Hales and Gelsthorpe report on the criminalisation of migrant women, and in particular the complexities women experienced in accessing good quality and reliable translation. During their research they found women in a detention centre that had been trafficked, but no one had yet asked them the questions so that women could understand that what they had experienced is called 'trafficking' (Hales and Gelsthorpe, 2012). A lack of awareness by statutory and voluntary sector providers on what constitutes trafficking was also reported by Bindel et al (2012, p.50), where respondents failed to understand "the very subtle forms of deception, coercion or the abuse of a person's vulnerability". Figures from a report for the Association of Chief Police Officers in 2010 provided similar evidence (Jackson, Jeffery and Adamson, 2010). This failure to enable women to understand the label of their experience has had significant consequences; preventing women from



accessing the safety and support they required and putting them in a position of danger being re-trafficked if deported back to their countries of origin.

In England and Wales, the National Referral Mechanism has been put in place to provide assistance to victims of trafficking, however to be identified as a victim individuals have to sign consent their agreement to be involved in the process (House of Commons Work and Pensions Committee, 2017). One can begin to see the complexities for women being able to gain access to this support, particularly if they are fearful of law enforcement. The support needs of women who have been trafficked into the country for purposes of sexual exploitation are similar to those involved in prostitution more broadly, in particular requiring assistance with housing, mental health problems, drug and alcohol problems, accessing physical health services, training for education and employment, and managing the impact of current or previous involvement with criminal justice services. However, a layer of increased complexity of need and disadvantage is added for women who are not UK citizens, through language barriers, uncertain immigration status and their limited understanding of UK systems.

### **2.3.2 Drugs and alcohol**

Prevalent throughout the literature is the evidence of significantly higher drug and alcohol use amongst those involved in prostitution. In Hester and Westmarland's (2004) report, they noted that eighty per cent of those involved in street prostitution were using their income to finance drug use, whilst May et al (1999) reported that women involved in street-based prostitution spent between seventy-five to one hundred per cent of their income on drugs. It is commonly reported that initial involvement in prostitution is sometimes a way to support drug use, with substances increasingly used thereafter as a method of self-medication to manage the psychological impact of prostitution, with continued involvement paying for this use and often for the drug use of a partner (Young, Boyd and Hubbell, 2000). However, it is too simplistic to assume that drug use is the key motivator for women to become involved in prostitution, as it fails to appreciate their wider experiences and histories (Brown, 2013). Dalla (2002) found that amongst women involved in street-level prostitution, only a few who reported a current problematic relationship with drugs citing paying for their drug use as a motivating factor for their initial involvement in prostitution. Women are more likely to comment that they first became involved in prostitution to fund accommodation, food and other costs associated with supporting children (Dalla, 2002).

However, reported extensively in the literature is that the majority of women involved in prostitution are likely to have a problematic relationship with drugs and/or alcohol (Brown, 2013; Bindel et al., 2012). Women who are not using substances prior to their involvement in prostitution are likely to do so once they are involved (Brown, 2013). Bindel et al (2012) found of the women they interviewed, seventy-five per cent of the women involved in off-street prostitution and forty-nine per cent involved in street-based prostitution were using alcohol. This research highlighted that in the majority of cases alcohol was used to 'self-medicate', as a way to manage and hide feelings of anxiety and distress resulting from their experience selling sex (Bindel et al., 2012; Brown, 2013).

Data from drug treatment services indicates that there is a ratio of one woman to three men seeking support with their use (Holly, 2017; Public Health England, 2016; Advisory Council on the Misuse of Drugs, 2003). This ratio reflects both treatment data from the United States and globally (Simpson and McNulty, 2008; UN Women, 2014). Although there is evidence to suggest that men use illicit drugs more often than women, it is also necessary to consider that fewer women presenting at drug services for support could be reflective of provision being designed for and by males, and less likely to meet the needs of female service users (Neale, 2004). It is suggested by Hepburn (1999) that poor attendance of women at drug treatment agencies is reflective of inappropriate service provision, where women's needs and experiences are not taken into consideration. There have since been many suggestions for specific and specialised services provided for women who use substances (Becker and Duffy, 2002).

Women using substances experience negative stereotyping and social stigma (Neale, 2004). This comment is echoed by Simpson and McNulty (2008, p.169) who note, "female, and especially pregnant, drug users suffer greater social stigma than men, and often suffer a greater severity of addiction with physical and psychological reactions". Research has indicated that women's initiation into drug use frequently intersects with wider social factors, including their intimate relationships with men (Simpson and McNulty, 2008). It is reported that often women have a 'care taking' role in relationships by either attempting to limit drug use for both herself and her partner, or by increasing use to a similar level of her partner (Wright, 2002). There are also reports of increased vulnerability amongst women using illicit substances, presenting to services with symptoms of mental health difficulties, such as low self-esteem, self-harm, attempts of suicide, eating disorders and post-traumatic stress which has followed experiences of domestic abuse or sexual violence (Simpson and McNulty, 2008; Becker and Duffy, 2002; Scott and McManus, 2016).

This considerable social stigma faced by women using illicit substances, particularly when pregnant or as a parent, can serve to silence women, encouraging them and their children to become hidden from support services (Simpson and McNulty, 2008). The Advisory Council on the Misuse of Drugs (2003) estimated that there were between 250,000 and 300,000 children of problem drug users in the UK, which at the time was equivalent to one child per adult with a problematic relationship with drugs. Children who are born to women with a dependency on drugs are more likely to be taken into the care of local authorities (Simpson and McNulty, 2008), bringing attention to further complex circumstances experienced by women.

### **2.3.3 Safe and secure housing**

Access to safe and secure housing is frequently cited as a key support need for women in prostitution, and a lack of accommodation is seen as a key factor leading to initial involvement (Matthews et al., 2014; Davis, 2004; Cusick, Martin and May, 2003). There is agreement in the literature that with the availability of a place of safety, women are better able to enact change in their lives (Matthews et al., 2014; Mayhew and Mossman, 2007; Farley and Barkan, 1998). McNaughton and Sanders (2007) noted that women's limited access to housing and welfare support acted as a barrier to exiting prostitution, and that services who were supposed to help were frequently cited as a barrier to change. The authors commented that whilst access to permanent and good housing is a decisive factor, the impact of housing on women's lives varied depending on how their situation had been taken into consideration (McNaughton and Sanders, 2007). That was either through a positive impact of moving away from previous negative influences, or a negative one by the move away from familiar networks creating an intense experience of isolation, ultimately heightening vulnerability (McNaughton and Sanders, 2007).

It is evident however, that systemic responses around housing have a significantly negative impact on women. Matthews et al (2014) reported that women involved in prostitution experienced particularly negative responses from other residents in a mixed hostel accommodation, leading women to choose other options that further increase their vulnerability, such as sleeping on the streets or in crack houses. Other research shows how living on the streets intensifies drug and alcohol problems and other behaviours that have a negative impact on the individual, which can lead to a "rapid deterioration in the mental and physical well-being of women who experience it" (Davis, 2004, p.7).

The models of stepped housing and support provision that have been developed, where individuals must demonstrate progress and compliance prior to moving forward, with penalties of moving backwards when failing to meet requirements. The linear system can be considered ineffective, having high dropout rates as individuals move between stages (Sahlin, 2005). Other critiques cite the illogical nature of a linear system when responding to those experiencing a variable treatment journey for mental health or substance use (Johnsen and Teixeira, 2010; Sahlin, 2005). When reviewing the literature on linear housing models, it is evident that they rely on ordered routes of progression. Simultaneously, it appears that the linear model fails to take into consideration the complexity and multiplicity of support needs, the experience of multiple and severe disadvantage, and the increased vulnerability experienced by women in what can be unsafe environments. The scarcity of housing for women following time spent in secure accommodation has been proven to be a barrier to recovery and timely discharge (Parry-Crooke and Safford, 2009). The prevalence of the 'linear housing model' both in England and elsewhere in the developed world is problematic in supporting those experiencing complex and multiple needs (Homeless Link, 2015; Johnsen and Teixeira, 2010).

If it is known that access to safe and secure housing is a central facet to women making sustainable changes in their lives, then other approaches are required. The Housing First model establishes the need for housing as a priority, a fundamental human right and need, which can then support voluntary treatment (Johnsen and Teixeira, 2010), and a pilot of the Housing First model has been recently launched in England (Homeless Link, 2017). However, there is "no single ideal model of accommodation, that is one size does not fit all" (Parry-Crooke, Robinson and Zeilig, 2012, p.32).

#### **2.3.4 Criminal justice system**

Thirty years worth of research focusing on women and their involvement in crime and the criminal justice system has established that, "too many women experienced unnecessary prison sentences" (Worrall and Gelsthorpe, 2009, p.336). Women, in the main, do not commit offences requiring custodial sentencing and the negative impact of imprisonment on women and their families is significant and far-reaching (Worrall and Gelsthorpe, 2009). The steady rise of women in custody, has not been reflected in a rise in the seriousness of offences committed (Gelsthorpe, Sharpe and Roberts, 2007; Hedderman, 2004; Deakin and Spencer, 2003). Of those women remanded to custody, they are in prison for an average of forty days, with over sixty per cent not receiving a custodial sentence when their case is finally taken to trial. At anytime a quarter of the female prison

population is on remand either awaiting trial or sentencing (Corston, 2007). It has now been ten years since the detailed review carried out by Baroness Corston on the needs and experiences of women in prison, and implementation of the associated recommendations has been slow (Women in Prison, 2017). Recently Women in Prison (2017) commented on the “stagnation and loss of momentum in fully implementing the Corston report’s recommendations”.

In this chapter, it is evident that when complex and multiple needs experienced by women are reported under a particular theme of concern, there are overlapping experiences and reported support needs with other areas. This is seen again, with women in prison more likely to have experienced a history of violence; over fifty per cent reporting that they are or have been a victim of domestic violence, a third having been the victim of sexual abuse, and one in twenty reporting that they have been raped (Corston, 2007). Additionally, a significantly higher number of the female prison population needs access to supervised detoxification from alcohol or drugs than their male counterparts (Corston, 2007). Also, around eighty per cent of women in prison have symptoms of mental health problems, with a higher prevalence of women committing suicide and self-harming within prison (Corston, 2007).

There are further challenges to be faced by women who have a prostitution-specific criminal record when trying to move their lives forward and seek employment (Harvey, Brown and Young, 2017), something which is currently being challenged by a group of women in the UK courts (Centre for Women’s Justice, 2017). Gelsthorpe, Sharpe and Roberts (2007, p.29) commented that, “most women offenders are poorly educated, economically disadvantaged, live in difficult social conditions and have limited chance of social advancement...these increase the risks of involvement in crime for women already vulnerable because of victimisation”. This is also echoed by Corston (2007), noting statistics demonstrating over two thirds of women remain unemployed within six months of release.

Women are also frequently primary carers for young children, far more so than the male prison population (Corston, 2007). Family relationships are challenged by a number of practicalities. For example, there are only a small number of women’s prisons incurring long and costly journeys for relatives which limits the number of visits made, with half of all women not receiving a visit when on remand, compared with twenty-five per cent of the male population (Corston, 2007). Additionally, women remanded in prison or on a short sentence risk losing their housing, with a recent report suggesting that sixty per cent of

women were unlikely to have accommodation at the end of their sentence (Prison Reform Trust and Women in Prison, 2016). This loss of housing is even more significant for women that are primary carers for young children, and as noted earlier the loss of secure accommodation significantly increases the vulnerability of women who are already experiencing multiple and complex needs. These accommodation challenges, experienced by women as part of their resettlement, increases isolation and the potential to create harmful dependencies on men (Corston, 2007).

Considering the experiences and needs of women involved in the criminal justice system, it is understandable how community orders are challenging for women to meet, particularly when considering that these orders were created for and tested on male offenders (Malloch and McIvor, 2011). Whilst women may receive community orders in the first instance, there is concern that this sentencing can lead to harsher sentencing in the future if they fail to comply with the original order (Hedderman and Barnes, 2015). Consistent attendance at appointments is often required as part of the order, and particularly for women in a care-giving role, the multiplicity of demands upon them all too easily causes a breach, frequently leading to them being remanded in custody. Evidence suggests that the majority of acquisitive crime committed by women is to ensure that their children are provided for (Fawcett Society, 2004; Prison Reform Trust and Women in Prison, 2016). Elsewhere, Gelsthorpe, Sharpe and Roberts (2007) comment on service providers reporting that enabling women to attend to their own rehabilitation needs requires the provision of child-care and parenting support.

Custodial sentences and periods on remand develop complicating circumstances and experiences in women's lives. There is an association between victimisation and criminality, and there needs to be an improved understanding of the complexity of women's lives which have been intertwined with experiences of violence and abuse leading to an involvement in crime (Rumgay, 2004b). It appears that the criminal justice system and associated provision is impeding the opportunity for women to improve their lives through its failure to truly understand, account for, and respond to the structural inequalities experienced by women.

### **2.3.5 Abuse, trauma and mental health**

There is a body of evidence reporting on the violence and abuse women involved in prostitution experience from buyers and pimps (Farley, Franzblau and Kennedy, 2013; Karandikar and Prospero, 2010; Bindel, 2017). The mortality rates for women involved in

street-level prostitution were recorded as significantly higher compared to other women living in a similar geographical area (Ward, Day and Weber, 1999). However, the previously held view that women involved in street-based prostitution experienced more violence than those indoors is being challenged, with evidence that women involved in prostitution in any setting are at a very high risk of experiencing violence (Raphael and Shapiro, 2004). The violence experienced by women involved in prostitution includes physical violence, with or without the use of weapons, sexual assault and rape (Dalla, Xia and Kennedy, 2003). During their research on intimate partner violence experienced by women involved in prostitution in Mumbai, Karindikar and Prospero (2010) noted the process and impact of coercion as the relationship changed from one of intimate partner to pimp. Being coerced resulted in comparable manifestations of mental and physical health problems to having experienced physical violence (Karindikar and Prospero, 2010).

There is a high prevalence of women within the prison system, substance use treatment provision and mental health services who have experienced abusive relationships (Corston, 2007). This pattern is also reported amongst women involved in prostitution (Farley and Barkan, 1998). High rates of Post-Traumatic Stress Disorder (PTSD) and other mental health problems are also reported amongst women who experience domestic violence or are involved in prostitution (Humphreys, 2003; Golding, 1999; Farley and Barkan, 1998).

In their review of four international studies on the experience of disassociation amongst women involved in prostitution, Ross, Farley and Schwartz (2003) found that not only were women victims of violence whilst involved in prostitution, but had also experienced significant trauma during their childhoods. In this context, it is also important to refer to the earlier discussion on antecedents to involvement in prostitution, with prevalent reports on the difficulties experienced in childhood. Particularly as there is a demonstrated link between childhood experiences of abuse and increased likelihood of mental health problems in later life (Roesler and McKenzie, 1994). In addition, pathological dissociation is found to be a principal response amongst survivors of childhood abuse (Ross, Farley and Schwartz, 2003). Whilst dissociation can offer protection to individuals from the emotional impact of the trauma they experienced, it makes them more at risk of further abuse by disassociating themselves and their responses to “actual danger cues that are similar to original trauma” (Ross, Farley and Schwartz, 2003, p.205). The complexity and multiplicity of abuse, trauma and mental health demonstrates once again the interconnectedness of experiences of women involved in prostitution.

### **2.3.6 Multiplicity and complexity**

Earlier in this chapter I noted that each individual's experiences and needs are unique, and wished to be careful not to suggest women involved in prostitution were a homogenous group. When considering women's experiences more widely the further dynamics and experiences create a multiplicity of experiences and related support needs. Amongst others, this will include the impact of age, class, ethnicity, education and the interplay with the wider social structures, on the individual's life experience and access to help and support. In particular, women's role as mothers must be better taken into account. The recent work of Broadhurst et al (2015) highlights the number of women experiencing repeated removal of their children through social services intervention, and there are a few projects providing support to women involved (McCracken et al., 2017). In chapter four there will be a detailed discussion on intersectionality, setting out a theoretical framework to consider how individuals reporting multiplicity of need and experiences interact and intersect with the wider social structures.

The overview of literature discussed in this chapter begins to demonstrate the multiplicity and complexity of experiences that result from severe disadvantage. In their study, Matthews et al (2014) interviewed one hundred and fourteen women, all of whom expressed a want to leave prostitution, but only a few of which had been asked by helping services if this was something they wanted to do. This, Matthews et al (2014) argued, demonstrates that there needs to be a change in approach when supporting women. However, it is arguably understandable that women are not asked if they want to be supported to leave prostitution while there remains an active discussion whether prostitution is a choice to be made by empowered individuals, or simply a form of exploitation and violence against women.

This chapter has provided an exploration of the concept of need, along with a discussion of who defines the needs that are experienced and responded to. In reviewing the literature I have sought to develop the understanding of multiple and complex needs by considering the experiences of women involved in prostitution. It is evident from the literature that many women, regardless of the service they may be accessing, experience intersecting and multiple needs. It is also evident in the literature that there are complex and multiple challenges, experiences and barriers that have led women to become involved in prostitution and prevent them from exiting.



### **3 Helping services, support and intervention**

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Following the discussion set out in the previous chapter, it is useful here to explore the helping services available to develop a context for the decisions and choices women make when seeking help and support. Included in this context is an overview of the broad ways in which services are identified and described in the literature, from which I developed a taxonomy of helping services to provide a framework for on-going reference and discussion. This taxonomy demonstrates the ways helping services respond to various needs, and the way this process may be experienced by those seeking and accessing support. I bring attention to the way the taxonomy illustrates how women have to make decisions about the support and help they can access within a fixed system with which they have to conform.

There will also be an overview around some of the prevalent theories and models of intervention and support that inform service provision. I argue that these models overly rely on individual's agency to enable change in their lives, and in doing so divert attention from their wider support needs, social networks and the interaction with wider society. This chapter concludes with a discussion on the challenges of delivering and accessing helping services, and the implications of neoliberal ideas on social care provision. It becomes evident that the impact of 'failing' to self-manage has significant implications for individuals, where rather than experiencing the intended freedoms of a well considered self-management programme they can end up experiencing forms of social control

#### **3.1 Service provision: availability, organisation and a response to need**

There is a plethora of helping services available in the community, often organised to respond to particular needs such as mental health problems, drug and alcohol use, or responding to experiences of domestic abuse. Services are frequently divided according to a number of variables, including the perceived level of need they are responding to, the level of intervention or professional support available, or if the services provided are time-bound. As discussed in the previous chapter, there is an essence of service rationalisation based on pre-determined thresholds, something that was seen with the introduction of the National Health Service and Community Care Act 1990 (c.19) and

continues in response to central government budget cuts, changes in policy and public concern.

The restrictions experienced by service providers surrounding what they can offer individuals seeking their support often stems from the process through which local authorities commission services, where expectations of provision are set as part of the commissioning process, often in response to national policy directives (NCVO, 2017; Local Partnerships, 2015). At this point it is useful to consider implications of the argument presented earlier in the discussion around the concept of need, and that it is reasonable to suggest that these services are constructed as a result of 'normative or professionally defined need'. Nevertheless there are a number of services which are funded either mostly or all by non-governmental bodies, either from charitable giving, philanthropy, or religious groups, where the resources on which they rely are not restricted by governmental policy enabling them greater levels of creativity and autonomy (Milbourne and Cushman, 2013; Macmillan, 2010).

Frequently a tiered system of services is used in both commissioning and policy literature to determine which services will be funded, made available and the points of access. The tiered system is also used by helping services as a mechanism to explain what support they offer, the other services available to individuals and their assessed need, and how they can support individuals to access this help. This is described by a Community Adolescent Mental Health service (CAHMS), who suggest that the tiered model is, "a way of thinking how services are organised in relation to the complexity of the situation" (CAHMS Hounslow, 2015). They define the first tier of services as those provided by generic health and local authority providers, tier two services as specialist mental health services not led by a consultant, and the third tier is a consultant-led specialist service (CAHMS Hounslow, 2015). Children's social care is frequently explained using a four tier model, "often displayed as a pyramid or continuum of needs" (SCIE, 2015); universal services are represented in tier one, the second tier is made up of targeted services, in tier three are specialist services that support children or families with multiple needs, whereas the fourth tier represents specialist services for those identified as having severe and complex needs (SCIE, 2015). This was an approach also reflected in the National Treatment Agency as they developed 'Models of Care' for illicit drug users (National Treatment Agency, 2006).

There are a number of authors who classify and categorise the array of helping services to enable readers to understand the environment of support, a similar task to that which I am seeking to address. Recently Matthews et al (2014) categorised services supporting

women in their journey exiting prostitution, utilising a typology of four models to offer a broad understanding of the varying approaches and philosophy of helping services involved. In setting out this typology, they defined the factors which they understood influenced the provision of the individual services in their research, and the breadth of influencing factors are similar to those identified in the commentary above. These influencing factors included the type of service and ethos of the service provider, the number of staff within the agency, the political context, the type of support offered by similar services, the efficacy of other local services in supporting women, and the local strategic partnerships, essentially relating how key helping agencies communicated and worked together (Matthews et al., 2014).

Within their typology of services supporting women exiting prostitution, it appears that Matthews et al (2014) focused on organisational approaches or methods of intervention that services use to support individuals, rather than how interventions are organised to respond to an identified level of presenting need as the examples earlier in this chapter illustrate. In contrast, Revolving Doors Agency and Centre for Mental Health (2015) presented three models of services they considered supportive of those experiencing multiple and complex needs. In this review models were presented by types of interventions used to support, and the authors noted that there were key philosophies and holistic care that made certain approaches particularly successful (Revolving Doors Agency and Centre for Mental Health, 2015). Referring back to the Matthews et al (2014) typology, they are focusing on what services are already in place to support a specific group of women united by their experience of being, or having been, involved in prostitution.

The National Treatment Agency (NTA) (2006) tiered model was used for some time to illustrate the different types of interventions, settings, access to services and competency of staff, and this model was used to commission services at a local level. This tiered taxonomy has also been utilised elsewhere to describe how services are commissioned and should integrate to support the needs of a particular group of individuals, for example mental health services, child protection services and criminal justice services. In the literature some of these models purport that they stem from a need to clarify the clients journey through treatment. This is illustrated by the NTA (2006), who commented that the experience of an individual engaging with treatment for their drug use should reflect a journey rather than an event. Whilst not overtly stating that this is reflecting the Cycle of Change, as presented by Prochaska and Diclemente (1984), the reading of these tiered models is outwardly similar to the stages of change model outlined later in this chapter.

Another taxonomy provided by NHS Scotland (2010) describes care pathways. The physical health condition is used as a method to categorise need via a pyramid diagram, those who are defined as 'well' are placed at the bottom and defined as 'Tier 0'. The development of symptoms and conditions into chronic long term conditions are represented further up the pyramid and given higher number tiered status, with the final tier being described as those needing end of life care (NHS Scotland, 2010).

The variety of approaches to categorise and represent service provision, as discussed above, provide an illustration of the various factors upon which authors have based their respective taxonomies. These can be summarised as:

- Matthews et al (2014)      **Type of service** and how they responded to the needs
- Revolving Doors Agency and Centre for Mental Health (2015)      Based on the **method of intervention**
- NTA (2006)      Services responding to the cycle of change, **stages of change**, and service users journey
- NHS Scotland (2010)      Care pathways, where service response is based on a pyramid of need/**physical condition**

The majority of taxonomies reference things such as access for individuals, competency of staff, setting, services provided, interventions and the assessed needs of those accessing the service, or in some places the 'stage' they are on in their treatment or change journey.

### **3.1.1 Creating a taxonomy of helping services**

In compiling the literature on services available to support women experiencing multiple and complex needs, I found it helpful to create my own taxonomy of helping services. Not only does this provide a way of navigating and providing clarity to the reader about the range of helping services available, but also to understand this taxonomy from the position of those seeking support and help. Whilst these tiered models of support appear, in their written form, to link together the different services and respond to different levels of need or experiences, one is left wondering how individuals find their way through these

tiers and how well the different services work alongside each other to support service users on this 'journey'. This taxonomy has also been developed to help understand factors in provision of helping services that may affect the decisions or choices of women when seeking and accessing support. In later chapters I will refer back to it as a tool to demonstrate journeys through helping services, and to aid discussion of the implications of service construction in the decisions and choices available to women.

It became apparent when compiling the taxonomy that there are two methods of trying to illustrate service provision. The first places focus on the primary support need of individuals, representing a severity of need, where the individual is on their treatment 'journey'. Other typologies illustrate methods of providing holistic support to a homogenous group who have similar experiences or needs. Through creating the taxonomy I wanted to understand a wide array of helping services, in which women experiencing multiple and complex needs may have to, or choose to, seek and access support. As already established, women involved, or at risk of involvement in prostitution experience a range of difficulties and have a wide range of potential support needs which a single-need focused service would struggle to support effectively.

In reviewing the literature on the provision and construction of helping services, it is evident that there are a number of variables by which services can be categorised. To enable a detailed understanding of provision, from a number of user and stakeholder positions, I have used the following variables to demonstrate difference:

- a. Intended recipients of helping service;
- b. The service/support that is offered, or in other words, what is the service/support on offer aiming to achieve;
- c. What might the experience be of the individual accessing support;
- d. Level of the specialist knowledge, which also implies level and type of training, found amongst the staff operating at the helping service.

I have then organised these variables into service levels and offered an example of services to illustrate these levels of helping provision in wider society at time of writing. Given the literature reviewed thus far, I have attempted within the taxonomy to move away from using 'defined and assessed need' as terminology to enable an understanding of the potential service users experience, instead utilising language that seeks to consider the experiences of the individual when accessing and seeking support from a helping service. For example NHS Scotland (2010) sets out its tiered model for care pathways in line with the development of individuals symptoms. Whereas, the NTA (2006) chose to

define the tiers of treatment in line with the interventions provided, the setting in which this was provided, and the competency of the staff.

In creating the taxonomy of helping services (illustrated on the following pages), I gave consideration to how I could remove some of the language of perceived need, and retain a focus on what can be identified in relation to the organisation and delivery of helping services. I wanted to move away from creating assumptions about individual need or setting out categories into which individual support needs must align, where appreciation of the multiplicity of experience is ignored. In creating this taxonomy, I have sought to use the perspective of a potential service user, through understanding what they may be offered or experience from a helping service. This has been in contrast to earlier approaches that pre-decide services individuals have access to as a result of professionally assessed needs. Within the taxonomy, I have retained some of the constraining factors present when accessing support such as requiring referrals from other helping agencies.

Table 1: A Taxonomy of Helping Services					
Service level/tier	Intended recipients	Services/support provided/offered, or what are they aiming to achieve	What might the experience of service user be when accessing the support	Level of staff specialist knowledge	Examples
1. Those in crisis and those not in receipt of or engaging with other services	<ul style="list-style-type: none"> <li>• Open 24 hours or the hours that other services are not</li> <li>• Make themselves easily available to those who may need help</li> <li>• No waiting list, immediate help is offered</li> <li>• No long term support, this would be provided by other services</li> <li>• Reducing the immediate risk to the individual and in some cases others (family, friends, wider society)</li> <li>• Reaching out to those who may not actively seek the help of services</li> <li>• Requirement for support is to be in crisis/risk, not to show commitment to change or other indicators of engaging with change.</li> </ul>	<ul style="list-style-type: none"> <li>• Immediate response to short term difficulties or situation which has escalated to create a high level of risk (harm to self or others)</li> <li>• May include basic care, including for example sleeping bags or injecting equipment</li> <li>• May include an emergency care provider response, dependent on the level of risk you present.</li> <li>• Referral on or signposting to other services that can continue support beyond the short term, may include direct referral into in-patient support/police;</li> <li>• If you used the service on a number of occasions, you may see a number of different staff</li> </ul>	<ul style="list-style-type: none"> <li>• Immediate response to short term difficulties or situation which has escalated to create a high level of risk (harm to self or others)</li> <li>• May offer basic care, including for example access to food, sleeping bags or injecting equipment</li> <li>• May include an emergency care provider response, dependent on the level of risk you present</li> <li>• Referral on or signposting to other services that can continue support beyond the short term, may include direct referral into in-patient support/police</li> <li>• If you used the service on a number of occasions, you may see a number of different staff excellent knowledge about local services and support</li> </ul>	<ul style="list-style-type: none"> <li>• Variable-dependent on the type of crisis, but they will be highly knowledgeable to be able to respond effectively at times when other services are not open</li> <li>• Some will need professional qualifications</li> <li>• They will have excellent knowledge about local services and support.</li> </ul>	<ul style="list-style-type: none"> <li>• Homeless street outreach</li> <li>• Mental health crisis teams</li> <li>• Accident and emergency</li> </ul>

Service level/tier	Intended recipients	Services/support provided/offered, or what are they aiming to achieve	What might the experience of service user be when accessing the support	Level of staff specialist knowledge	Examples
<p><b>2.</b></p> <p>Open access or self-referral</p> <p>Or whilst issue specific or responding to a priority issues, will look to support (often by onward referral) the wider challenges facing the individual as whole</p>	<ul style="list-style-type: none"> <li>Those whose situation/lifestyle or experiences put them or others at risk</li> <li>Not necessarily wanting or knowing how to make significant changes</li> <li>May have been experiencing difficulties for some time</li> <li>For those who will need further support to experience change</li> </ul>	<ul style="list-style-type: none"> <li>Assessing need on first visit with the view on establishing if the service can help and if so, what they would seek to achieve</li> <li>To motivate individuals to seek change and understand that it is possible</li> <li>To respond and support basic needs</li> <li>A keyworker, who is the main contact for individuals accessing the service and provides on-going support</li> <li>Support individual in understanding what other services can help and help in gaining access.</li> <li>Some services will help by attending services/appointments with services users</li> </ul>	<ul style="list-style-type: none"> <li>Have a keyworker/staff member who is assigned to the individual to “case manage”</li> <li>Regular organised meetings/support sessions – or someone who they may be able to speak to if they drop-in</li> <li>Some services will also offer a drop-in service or offer regular workshops or similar – often timetabled.</li> <li>A longer term relationship of support</li> <li>No strict attendance requirements</li> <li>May be invited to group activities/sessions</li> </ul>	<ul style="list-style-type: none"> <li>Not necessarily requiring a professional qualification</li> <li>On the job experience and knowledge</li> </ul>	<ul style="list-style-type: none"> <li>Needle exchanges and drop-ins</li> </ul>



Service level/tier	Intended recipients	Services/support provided/offered, or what are they aiming to achieve	What might the experience of service user be when accessing the support	Level of staff specialist knowledge	Examples
<p>3.</p> <p>Referral from other agency – no direct access or issue specific or time bound or specialist practice knowledge and skills</p>	<ul style="list-style-type: none"> <li>Those who have established that they wish to seek change in their life, or in other words will be receptive to this more intensive level of focused support</li> <li>Require a more intensive service or specialist service than can be provided by level 2 services, this may be identified as a need by the individual or others (e.g. the court as a disposal)</li> </ul>	<ul style="list-style-type: none"> <li>Talking therapies</li> <li>Physical health interventions</li> <li>Referral on to other services</li> <li>Planned interventions</li> <li>Clear and focused remit</li> <li>Only one person providing support to one individual</li> </ul>	<ul style="list-style-type: none"> <li>Requirement to attend diarised appointments</li> <li>May have the experience of being put on a waiting list</li> <li>Assessment prior to being put on a waiting list with the view to check that the service can support them with their needs and what kind of response they should offer.</li> <li>Limited number of sessions offered until they are expected to seek change or a review of care to be carried out, e.g. 6/12 sessions</li> <li>Strict attendance requirements</li> </ul>	<ul style="list-style-type: none"> <li>Professionally qualified, with additional specialist knowledge and skills that align with the service aims</li> </ul>	<ul style="list-style-type: none"> <li>Counselling services</li> <li>Psychological services, e.g. CBT, trauma support etc.</li> <li>Substitute prescribing services</li> <li>Probation</li> </ul>

Service level/tier	Intended recipients	Services/support provided/offered, or what are they aiming to achieve	What might the experience of service user be when accessing the support	Level of staff specialist knowledge	Examples
<p><b>4.</b></p> <p>In-patient/residential/ supported living,</p> <p>Referred from other agencies, often with an application for funding and demonstration of commitment to change or high level of risk to self/others</p>	<ul style="list-style-type: none"> <li>Those deemed to have complicated support needs which can not be supported in the community</li> </ul>	<ul style="list-style-type: none"> <li>Range of in-house specialist services responding a range of assessed individual need.</li> <li>Planned intervention</li> <li>Focused for a limited time</li> <li>Aftercare planning</li> <li>Individual understands how to manage difficulties themselves or with limited/lower level support.</li> </ul>	<ul style="list-style-type: none"> <li>A wait to gain access, following substantial assessments</li> <li>May have to wait for funding to be agreed</li> <li>Referred against their will</li> <li>Comprehensive assessments</li> <li>Frequently support will be offered on a 24 hour basis</li> <li>Required to demonstrate commitment</li> <li>Adhering to rules of the organisation or residential unit</li> </ul>	<p>Mixture of:</p> <ul style="list-style-type: none"> <li>Professionally qualified</li> <li>Professionally qualified with specialist knowledge</li> <li>Those with knowledge gained from on-the-job experience</li> </ul>	<ul style="list-style-type: none"> <li>Residential drug and alcohol rehabilitation</li> <li>Mental health in-patient care</li> <li>Prisons</li> </ul>

By integrating the experience of the potential service users within this taxonomy, consideration is given to the pros and cons of accessing a service from their position, potentially informing the decisions and choices that women will make when seeking help and support. In service level four, for example, the potential service user may have to wait to gain access and secure funding, but once supported by the helping service they would have access to on-going, round the clock, holistic and professional support. Whereas when attending a level one service, they can expect immediate access to single issue emergency care and support, but only limited aftercare.

The taxonomy of helping services reminds us that women are deciding how they seek and access support within a predetermined system of helping services to which they have to conform. In choosing to access a helping service, individuals have no choice but to accept the terms on offer. If there are limited options in terms of helping service provision, then there are also limited choices available to women when they are deciding to access help and support. This taxonomy also demonstrates the complexity in understanding the decisions and choices made by women when seeking support. For example, if an individual does not understand themselves as an intended recipient of the service, comprehend the aims of a helping service as understood by the service itself, or feels on balance that accessing this support may be detrimental rather than helpful, then one begins to understand why many decide not to access support from helping services. In other words, the choice of helping provision on offer may not be appealing to potential service users, when considered from the position of those seeking help and support.

### **3.2 Theories of change and intervention**

Above I have reviewed how helping services are constructed and delivered, noting the potential for women to make decisions and choices about how and if they access help and support available. This was set within the context of the preceding discussion about the concept of need, terminology of multiple and complex needs, and intersecting experiences of women involved, or at risk of involvement in prostitution. In this taxonomy, I have referenced the ways that women may expect to be supported by services, for example an assessment of need, talking therapies or physical health services. From my time in practice, I am highly conscious of the experience of individuals being assessed and referred onwards to other support services, according to their demonstrated personal agency.

With this in mind, it is now relevant to consider some of the prevalent theories of change and interventions frequently referenced. Many models of service provision assume individuals want to achieve change or seek help, others rely on coercive methods, for example court orders and statutory child protection, but even then behaviour change is expected. Particular theories of change, most notably Prochaska and DiClemente's Cycle of Change (Prochaska, DiClemente and Norcross, 1992; Prochaska and DiClemente, 1984), appear to have had significant impact on the design of service provision over the last two decades. A discussion of their key characteristics, opportunities and limitations is helpful in understanding the impact this has on the choices and decisions made by women experiencing multiple and complex needs, when seeking help and support.

### **3.2.1 Harm reduction**

In 1988, the Advisory Council on the Misuse of Drugs (ACMD) set out its concerns for public health from the rising HIV infection rates among injecting drug users. In their view, the public and individual health was in greater danger from HIV infection than from those risks accompanying drug use (ACMD, 1988). This resulted in drug use moving from a primarily criminal justice concern to one of public health protection. Following the 1988 ACMD report, needle exchanges started to appear within communities, with a harm reduction approach formally recognised in Labour's drug strategy (Home Office, 1998).

The concept of harm reduction (or harm minimisation) reportedly stems from the Rolleston Report (Ministry of Health, 1926), which set out its opinion that long-term provision of medically prescribed morphine would enable individuals who had been unable to stop using opioids to engage in a 'normal and useful life'. This approach of prescribing morphine to reduce drug related harm was adopted across the globe and came to form the basis of drug policy in the UK (Seddon, 2008). Some argue that this harm reduction approach began amongst welfarism practices of the early twentieth century, it later evolved as neoliberalism ideals set in during the 1980s (Seddon, 2008). Others suggest harm reduction developed primarily as a response to the HIV/AIDS pandemic in the 1980s (McKeganey, 2011).

Where harm reduction is promoted as a model of support, it focuses on the safety and protection of society as a whole, or the human rights of the individual whilst also protecting them from society at large (McKeganey, 2011; Stimson, 2007). The ACMD's (1988) report set out key aims to reduce drug related harm: seeking to reduce the occurrence of injecting and sharing of injecting equipment, lessening the availability of 'street' and

prescription drugs, and increasing levels of abstinence. In practice, harm reduction, involves drug workers and other professionals issuing clean needles, and other paraphernalia associated with using drugs, for example citric acid, water, spoons and so forth, alongside condoms. These items are distributed with the aim of reducing drug related harm, and usually supported by injecting advice or discussing 'safer' routes of administration, with referrals to one-to-one support sessions to access substitute prescribing. For women involved in prostitution, there is a history of outreach support, where frequently harm reduction work involved giving out condoms and clean needles (Bindel, 2017). However there are recent reports of harm minimisation services starting to provide "more structured support for women exiting prostitution" (Matthews et al., 2014, p.97).

Harm Reduction International state that, "Harm Reduction refers to policies, programs and practices that aim primarily to reduce the adverse health, social and economic consequences of the use of legal and illegal psychoactive drugs without necessarily reducing drug consumption" (Harm Reduction International, 2016). Whilst access to clean injecting paraphernalia and condoms is essential for the safety and wellbeing of the individual and the wider community, this attention on harm reduction has directed focus away from offering further support (Roe, 2005). It has also been argued that a focus on reducing harms failed to address the wider socioeconomic factors that impact on individuals' lives and circumstances (Seddon, 2008; Roe, 2005).

As mentioned earlier, Matthews et al (2014) found that only a small minority of the one hundred and fourteen women they interviewed had been asked if they wanted to leave prostitution. Harm reduction as a support intervention is rooted in managing the risk of individuals to the wider population, with individuals making 'choices' to take professionally informed risks (Seddon, 2008). There are concerns that a focus on reducing harm fails to bring attention to how this approach will impact on the availability of choices and decisions women make when seeking support from helping services (Matthews et al., 2014). The theory of harm reduction appears to have evolved over time to focus on the protection of others and the wider public health, drawing attention away from the complex social contexts of women's lives, the experiences leading to involvement in prostitution, the practical and emotional barriers to exiting.

### **3.2.2 Cycle of change, motivation and relapse**

The individual's role as the agent of change in their own lives is also evident in Prochaska and DiClemente cycle of change (Prochaska, DiClemente and Norcross, 1992; Prochaska and DiClemente, 1984), particularly in the associated interventions of 'motivational interviewing' and 'relapse prevention'. The Cycle of Change model portrays the individual as agent of change in isolation to the wider social contexts of the world in which they interact (Prochaska, DiClemente and Norcross, 1992; Prochaska and DiClemente, 1984). It has been utilised widely, particularly in addiction treatment, to understand how individuals experience the process of seeking to stop engaging in harmful behaviours. Prochaska and DiClemente established five stages of change set out diagrammatically as a cycle: pre-contemplation, contemplation, preparation, action and maintenance (1984). It was argued that interventions should be matched to a person's stage in the cycle of change, enabling improved individual treatment response and outcomes to those found in a 'one-size-fits all programme', although it was expected that individuals would not necessarily move through the cycle smoothly (Prochaska and DiClemente, 1984).

One such intervention that links and responds to an individual's identified position in the cycle of change is Motivational Interviewing (Rollnick and Miller, 1995). It is considered a helpful technique to elicit commitment to change from those in the pre-contemplation and contemplation stages of the cycle of change, and is described as "a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence" (Rollnick and Miller, 1995, p.325). There are now a variety of intervention approaches with roots in Rollnick and Miller's Motivational Interviewing model, including motivational enhancement therapy and brief motivational interviewing (Rollnick and Miller, 1995). It is suggested that these models have been developed in response to the sometimes limited opportunities to engage individuals in change, with examples of its application in general practice, needle exchanges and outreach (Heather, 2005; Project Match Research, 1998; Rollnick, Heather and Bell, 1992). Elsewhere, Marlatt and Gordon's (1985) Relapse Prevention model is an intervention response aligned with the maintenance stage of the Cycle of Change. Relapse Prevention is "based on social-cognitive psychology and incorporates both a conceptual model of relapse and a set of cognitive and behavioral strategies to prevent or limit relapse episodes" (Larimer, Palmer and Marlatt, 1999, p.152), ultimately requiring individuals to establish effective motivation to engage in change.

The importance of the Cycle of Change was evident in the tiered drug and alcohol treatment service provision created and commissioned by the National Treatment Agency,

following the Labour government drug strategy (Home Office, 1998). However, whilst significant critique focuses on the oversimplification of individual's change in behaviours (Littell and Girvin, 2002; Farrall, 1999), it is pertinent to note that there are only a few critical voices challenging how these models and interventions effectively support women. Given that women are in a minority compared to the number of men seeking support from drug and alcohol services (National Treatment Agency, 2010), it is reasonable to suggest that any analysis of the success, or otherwise, of interventions supporting those using illicit drugs, is in effect reporting on the male response to interventions.

### **3.2.3 *Exiting and desisting***

As a way of understanding the steps and experiences that lead women to exit prostitution, Mansson and Hedin (1999) developed the concept of Ebaugh's theory of Role Exit (1988) in their Breakaway model. In it they suggested there were two elements in the process of women leaving prostitution. The first includes witnessing an "eye-opening event", a "traumatic event" or experiencing a "positive life event", where women's attention is brought to other options (Mansson and Hedin, 1999, p.71). The second element concerned the challenges experienced by women once they have made the 'break' (Mansson and Hedin, 1999). This model goes some way to illustrate the complexity of enacting change, by bringing attention to the wider context and interplay between experiences, personal relationships and circumstances.

Elsewhere, McNaughton and Sanders (2007) reported the need for women to experience self-worth when moving on from prostitution and that it was essential for them to find and align themselves with different lifestyle roles. They referred to Giddens' (1977) concept of 'ontological security', to explain feelings of security when order is experienced in one's life (McNaughton and Sanders, 2007). The lives of women experiencing multiple and complex needs are far from ordered, so establishing ontological security can be considered a significant step. In addition, it seems that this idea of ontological security is also part of the change model's final stages. In that sense, achieving ontological security is a common goal, but care needs to be taken that those who take ontological security and their associated ordered lives for granted, understand how to support those whose lives feel far from ordered (McNaughton and Sanders, 2007). This requires an understanding of how societal infrastructure and services respond to the experiences, or the journey, in finding such order.

More recently, Matthews et al (2014) framed the journey of women exiting prostitution, as a 'study in female desistance'. They were critical of the models provided by Ebaugh (1988) and Mansson and Hedin (1999), suggesting that whilst they demonstrated a greater level of flexibility in approach, offering an understanding of experiences and challenges of change, they should not be confused with the reality and complexity of individuals' lives and the society in which they operate (Matthews et al., 2014). Desistance is a theory of change most commonly found in criminology literature, explaining processes individuals go through as they leave, or desist, from deviant careers. It is defined as "ceasing to do something", and viewed as an "unusual dependent variable" as it measures absence of activity rather than activity itself (Laub and Sampson, 2001, p.5). This leads to conceptual questions about how one measures stability and changes over an individual's life (Laub and Sampson, 2001). The measurement and assessment of desistance is evidently challenging, relying on a definition of criminality as the 'propensity to offend'. That is, whilst engaging in deviant behaviour varies across individuals' lives, the 'propensity to offend' may remain (Le Blanc and Loeber, 1993).

It is how and why some individuals desist from involvement in crime that is of interest, or in other words those who are not acting on their 'propensity to offend'. It is argued that desistance originates from a multitude of complex processes, including the individual's developmental experience, their psychology and the wider sociological context (Maruna, 2001; Laub and Sampson, 2001). Challenging some of the arguments in the desistance literature, in particular life-events as a key motivator to desisting from involvement in crime, Maruna (2001, p.25) states "there is nothing inherent in a situation that makes it a turning point". The individual is the agent of change within an on-going process, rather than a specific event (Maruna, 2001). Whereas Rumgay (2004a, p.406) commented that most research on desistance failed to consider women, but strategies to support rehabilitation of women involved in criminal activity could be found by connecting "an understanding of natural desistance from crime or other deviance with these insights into resilience and survival".

In their study, Matthews et al (2014) suggested that helping services pay attention to the complexity of women's lives when supporting them as part of a journey to exit prostitution, or in other words desist from involvement in prostitution. They demonstrated that individual agency cannot be solely relied on to successfully support women exit from prostitution (Matthews et al., 2014). Women need to know they have the right to and can access other opportunities, are aware support is available and are then encouraged to access it. As noted, desistance theories mostly stem from research carried out on male



offender populations, limiting the extent women's experiences are considered. Whilst desistance theories do move discussion beyond that of an individual's motivation to consider wider support needs, social networks and their interaction with wider society, it is notable that the individual's agency still remains essential.

### **3.2.4 Relational and trauma-informed**

In her writing about relationship-based practice in social work, Ruch (2005) brings attention to the development of the psycho-social model in the 1960s, which became well established in social work practice. The psycho-social model was subsequently challenged by "the emergence of behavioural psychology as a dominant and influential theoretical framework...with its short-term, outcome focused and apparent ability to prove its effectiveness" (Ruch, 2005, p.112). The behavioural psychology models appeared to respond to the politics of the time, something I shall comment on in the following section. More recently, attention has returned to relationship-based practice, where it is thought social work practice initially began (Ruch, 2005). There has been significant challenge by writers on the need for this re-focus on relationship-based practice (Munro, 2011; Folgheraiter, 2007; Ruch, 2005; Trevithick, 2003).

Relationship-based practice appears at times difficult to define, and is considered "primarily a theory that is applied through networking...a methodology and a style of work in professional practice" (Folgheraiter, 2007). The relational approach is also a model to understand how solutions to a 'social problem' are found and emerge (Folgheraiter, 2007). As Ruch (2005, p.113) clarified, all social work is undertaken within and through relationships, and the medium of relationships is the "primary means of intervention". Relationship-based practice, "explores not only the 'how and what', but also the 'why' of practice", with practitioners developing a holistic understanding engaging with all aspects of an individual's behaviours, recognising that "individuals are complex, multifaceted and more than the sum of their parts" (Ruch, 2005, p.113).

Understanding that individuals are more than the 'sum of their parts' is at the centre of Trauma Informed Care. It begins with providing care and support that recognises the impact of traumatic events and the associated stress on individual lives, their development and impact on behaviour when seeking help or trying to leave current circumstances (Hopper, Bassuk and Olivet, 2010; Elliott et al., 2005). The case for trauma-informed services was set out by Elliott et al (2005, p.461), who argued that the majority of people accessing the support of 'human service systems' have experienced trauma. Given that

there are limited ways of identifying those who have experienced trauma from those who have not, it makes sense in terms of best practice, to design services to meet all with a trauma informed response (Elliott et al., 2005). Trauma-informed care is being called for across a breadth of service provision and settings, for example in United States correctional facilities, women's addiction services and homelessness services (Miller and Najavits, 2012; Covington, 2008; Hopper, Bassuk and Olivet, 2010).

As Elliot et al (2005, p.462) described, the symptoms of trauma arise from violence and abuse experienced in the past due to the "absence of a safe environment", and have a direct impact by creating obstacles to accessing helping services. Obstacles are particularly found in the strategies for survival developed by those who have experienced trauma, which are then interwoven with hyper-arousal or avoidance symptoms associated with post-traumatic stress (Elliott et al., 2005; Hopper, Bassuk and Olivet, 2010). A number of authors bring together models, or principles of provision, to explain the operation of trauma-informed care in practice (Elliott et al., 2005; Covington, 2008; Hopper, Bassuk and Olivet, 2010). Broadly, the models seek as an absolute minimum to 'do no harm', alongside an understanding that those surviving trauma bring with them experiences and behaviours that need to be responded to and supported within a 'safe' environment (Elliott et al., 2005; Hopper, Bassuk and Olivet, 2010). It is also recognised that supporting women to recover from trauma they have experienced is a priority, often coming before addressing other concerns in their lives (Elliott et al., 2005; Covington, 2008). This approach requires everyone, at every level in an organisation, to be trained and understand trauma-informed care to apply a relational approach when they meet and support women (Covington, 2008).

Covington has written extensively on the application of trauma informed care to support women, developing a 'women's' integrated treatment model' (Covington, 2008; Covington and Bloom, 2006; Covington et al., 2008; Covington, 1998). Her argument is that without fully understanding women's experiences, frequently including violence and other abuse, then any treatment model is likely to be unsuccessful (Covington, 2008). She brings together relational-cultural theory, addiction theory and trauma theory to inform the women's integrated treatment model. Essentially she connects elements of gender-responsive services with principles of trauma-informed care, to support women to access better outcomes in their lives (Covington, 2008).

### **3.2.5 Being met as a person**

The relational and trauma-informed care models set out theoretical approaches and principles to improve responses for those seeking help and support. This was achieved by recognising the implications of previous abuse and trauma on an individual's approach and interaction with helping services. However there appear to be gaps in the literature with respect to how this is achieved in a one-to-one interaction. In their work considering service provision supporting adults who experienced childhood sexual abuse, Hooper and Warwick (2006, p.476) reported, "many of the experiences of re-traumatization which adult survivors encounter in their contact with services are the result of misrecognition of their experience or needs...inhibiting caregivers from responding to the survivor's need to be 'met as a person'". The concept of being 'met as a person' develops and progresses relational and trauma-informed models from general guidance for service approach and delivery, into the details of one-to-one interactions between care-seekers and professional care-givers (McCluskey, 2005). A failure to be met as a person, occurs when professional caregivers do not consider the individuals' needs when seeking help and support, a significant part of which includes their previous experience of care seeking

In her book, McCluskey (2005, p.3) set out a concept of Goal Corrected Empathic Attunement, "a framework for thinking about the way we interact with one another". This framework focuses on the relationship between professional caregiver and individual seeking help, the careseeker. McCluskey (2005, p.2) described how both parties approached and experienced the interaction from their "respective separate but interdependent instinctive biologically based systems of careseeking and caregiving". By addressing and developing an understanding of this interaction, McCluskey (2005, p.2) intends to help caregivers make sense of emotions and feelings when attempting to help those seeking support. In addition, McCluskey (2005) sought to help caregivers "achieve a compassionate and intelligent response when we are frightened or anxious". She observed that rarely are professional caregivers trained to understand the mechanics and dynamics of the interaction itself, with focus instead being on the skills of "listening, observing, clarifying, negotiating, empathy and goal setting" (McCluskey, 2005, p.4). This separates the skills of interaction from understanding how personalities develop and are actualised, failing to address the complex dynamics of careseeking and caregiving that are rooted in infancy (McCluskey, 2005).

McCluskey (2005) sets out four typical stances adopted by those seeking help when they are in crisis, frightened or distressed. In this she develops an understanding of how these stances impact on the careseeker and caregiver interaction, in particular how professional

caregivers may respond if they fail to understand the 'stances' and previous experiences of the careseeker.

Four typical stances adopted by those seeking help when frightened, in pain or facing threat in their lives.

1. They will have confidence in their strategies for getting help and be clear in their direct communication;
2. They will have no confidence that their needs will be addressed and attended to and so will only seek help *in extremis* and then in a way that minimises the extent of the problem, thereby giving inadequate information to potential caregiver;
3. They will be uncertain, half hopeful, half sceptical, and therefore communicate in contradictory and ambiguous ways;
4. They will be bewildered, unclear, uncertain and disorganised about the state they are in and what would relieve it, fearing any response could potentially make things worse, therefore avoiding seeking help in the first place and being frightened/angry in a caregiving context.

*(McCluskey, 2005, p.3)*

In addition, McCluskey (2005, p.247) sets out nine unique forms of interaction that take place between careseekers and caregivers, resulting from the "verbal, non-verbal and emotive messages and their response to each other". These nine distinct patterns of interaction range from the behaviour of the careseeker being clear in accounting for their feelings and issues causing them concern, through to being overwhelmed and presenting as incoherent and disorganised (McCluskey, 2005). With similar variations in responses of caregivers, from attuned and attending to the goals of the care seeker, through to misattunement and disorganisation (McCluskey, 2005). If the goal of careseeking is 'effective caregiving' and that when this is unsuccessful those who seek help withdraw, become frustrated and upset, then attending to the ability of professional caregivers to understand these dynamics and be able to respond is essential. I shall return to the literature on theories and models of support and intervention later in this thesis as I discuss the findings of this study and contextualise them amongst the literature.

### **3.3 Challenges in the provision of services and access for women**

Gaps in service provision for those experiencing multiple and complex needs were highlighted by Rankin and Regan (2004a), noting the failure to understand individual's needs were interconnected, and that poverty and social exclusion had significant impact on these needs. They found services were fragmented and mostly developed to respond to single needs, and with initiatives set-up at a local level often failing to connect with national social policy (Rankin and Regan, 2004a). After reviewing the construction of helping services and the theories and models of support, it is necessary to understand the reasons for gaps and fragmentation in provision, to appreciate the landscape in which women experiencing multiple and complex needs make decisions and choices when seeking help and support.

It is not just the fragmentation of local provision from central government that needs to be considered, but also the fragmentation at every structural level. For example, responses to various needs are managed by different government departments, the Home Office provide leadership on the response to drug use, whereas the Department of Health lead on alcohol use (Rosengard et al., 2007). This is also reflected in multiple pieces of legislation responding to certain needs, and caregivers supporting people with complex needs must give consideration to a wide range of unconnected legislation (Rosengard et al., 2007). This fragmentation is also present in professional assessment because needs are responded to in line with a specialisation, or at a local planning and commissioning level where not all services and sections of the communities are involved (Rosengard et al., 2007; Rankin and Regan, 2004a).

In their review of the literature, Gallimore et al (2008) identified what individuals experiencing multiple and complex needs wanted from helping services. They found commonality in they types of support sought across a number of individuals with disparate needs and experiences. Priorities included ease of access to services at times that suited them and with a single point of access, for staff to be respectful and be non-judgemental through relationships that were consistent and long term, that services worked and communicated effectively together, that support was available with everyday practicalities, and that service users were involved in decision making (Gallimore, Hay and Mackie, 2008). It is arguable most of the general population seek these features when accessing helping services, however for those experiencing multiple and complex needs consideration must be given to "their personal capacity to access the services they need", or in other words, the resilience to overcome some of the barriers in gaining access to support (Gallimore, Hay and Mackie, 2008, p.38). The focus of this study aligns with the

concerns raised by Gallimore, Hay and Mackie (2008), as I seek to develop an understanding of decisions and choices made by women experiencing multiple and complex needs when seeking help and support.

### **3.3.1 Neoliberalism and responsibilisation**

It is arguable that individuals experiencing complex and multiple needs are significantly affected by the neoliberal policies of the last thirty years when they seek or receive help and support, particularly considering how this has manifested in the responsibilisation of individuals in their own care. Neoliberalism is, “the theory of political economic practices that proposes human wellbeing are best advanced by liberating individual entrepreneurial freedom and skills within the institution framework characterised by strong property rights, free markets and free trade” (Harvey, 2005, p.2). It is argued by Rose (2000) that the role of the state had changed in neoliberal societies, where a form of indirect government had occurred. This reframing has led to the state no longer being the “ultimate provider of security, but as partner and facilitator for active and independent citizens” (Rose, 2000, p.186).

The responsibility of engagement and management of health and social care is left with individuals and their families, and over time this principle of individualism has had greater influence on welfare policies (Beddoe and Keddell, 2016; Perry, 2013). Ultimately, the application of neoliberalist principles in political activity has enabled governments to operate at a distance from citizens, and equally distant from the difficulties and challenges they may face (Rose, 2000; Perry, 2013). To enable the state to govern at a distance, the principles of ‘responsibilisation’ had to be constructed and embedded within society, including the goal of establishing self-regulation amongst individuals and communities (Rose, 2000; Perry, 2013). This has led to a government narrative, evident in policy and provision, accentuating principles of individual choice, responsibility and autonomy (Perry, 2013).

In their review of the enmeshment of neoliberalism in welfare policy and provision and its impact on social work, Beddoe and Keddell (2016, p.150) commented that neoliberalist policies led to a the idea that there are “prescribed paths to change”. In this view, those seeking help are categorised and “granted the opportunity to escape their category by participating in an individualised programme” (Beddoe and Keddell, 2016, p.150). They also argued that by individualising social problems, the wider structural, economic and political causes of difficulties faced by individuals and families become hidden from wider

consideration (Beddoe and Keddell, 2016). Ultimately this underlines the requirement of the service user to be responsible for managing and attending to the difficulties they are facing in order to “gain access to good citizen status” (Beddoe and Keddell, 2016, p.150). This is a view echoed by Brijnath and Antanades (2016), whose research sought to understand the impact of the neoliberalist policy of self-management of care on individuals experiencing depression. They argued that the policy of individuals managing their own care had led to a reduction in the use of health care provision and seen an increase in “self-medicating and self-labour” (Brijnath and Antoniades, 2016, p.1). Whilst their study was carried out in Australia, the authors noted that self-management approaches to care were prevalent across most of the western world (Brijnath and Antoniades, 2016).

This self-management approach encompasses an individual’s physical health, behaviours and emotional wellbeing, by focusing on teaching service users skills such as solving problems, making decisions, accessing resources, and responding appropriately to situations and circumstances (Brijnath and Antoniades, 2016). It was envisaged that with a self-management approach to care, individuals would be empowered, literate and engaged in health and wellbeing issues, enabling them to bring about positive long-term change in their lives (Brijnath and Antoniades, 2016). However, Brijnath and Antoniades (2016) suggested that self-management programmes were unsuccessful, as care providers failed to consider the service user’s cultural norms and health issues and the necessity for family and social support to enable success in supporting change. Alongside these failures and also contributing to poor outcomes for individuals seeking help, was the fragmentation of health and social care provision, with reduced engagement between staff and patients, (Brijnath and Antoniades, 2016).

Elsewhere, Perry (2013) argued that neoliberal discourses are found within cognitive behaviour programmes. These programmes are considered by Rose (2000) as an instrument utilised by governments to responsibilise and self-regulate individuals. The discourse used to support self-regulation includes reference to individual choice and empowerment. As Rose (2000, p.202) commented, “the beauty of empowerment is it appears to reject the logic of patronising dependencies that infused earlier welfare models of expertise...subjects are to do the work on themselves, not in the name of conformity, but to make them free”. Alongside this notion of empowerment, is that individuals are autonomous and responsible for their actions (Rose, 2000).

One place where the responsabilisation agenda is problematic is in probation, where programmes such as “Thinking Skills” are reliant on the concept of learning, a key feature of cognitive behavioural approaches (Perry, 2013). These programmes supposedly give individuals the opportunity to learn what to do and how to make good rational decisions, with the expectation that they will become empowered, informed and responsible (Perry, 2013). Focusing on decision-making capacities of individuals risks ignoring wider social inequalities that may contribute to individual’s engagement in criminal activity (Perry, 2013). Equally, those that fail to make the ‘right’ choices in the future and are reconvicted, are “recast as blameworthy agents of their own misfortune” (Kemshall, 2002, p.43)

In their study Brinjath and Antandes (2016) examined how patients diagnosed with depression responded to this self-management approach to their wellbeing. They found patients experiencing mental ill health were frequently responsible for improving their condition through monitoring and managing their own wellbeing, which was a direct result of neoliberalist principles having been interwoven into the mental health care systems (Brijnath and Antoniades, 2016). The authors argued that health and social care professionals were acting as tutors training individual’s to accomplish self-management, leading to a demise in the therapeutic relationships and a failure to recognise an individuals depression may be located in the wider social structure (Brijnath and Antoniades, 2016). By focusing on the individual without reference to the complex socio-economic world and wider networks that they have to live their lives in, brings the overall quality of the care into question. The authors used the work of Peacock, Bissell and Owen (2014, p.179) to underline their point, “the greatest burdens falling on those most unable to shoulder them...when failure results, this can only be understood as a reflection of individual merit or effort – to seek to explain it any other way is further evidence of one’s own moral and practical deficits”.

This concern is echoed in a study by Liebenberg, Ungar and Ikeda (2015, p.1008), highlighting the impact of responsabilisation on young people accessing adolescent mental health and criminal justice services. The authors commented on the serious implications this has for young people affected by two opposing considerations; one as rational beings responsible for their actions, but also as “vulnerable to the effects of biological, psychological and sociological risk factors that contribute to delinquency” (Liebenberg, Ungar and Ikeda, 2015, p.1008). In the case files they found themes around responsabilisation and self-management, with notions of compliance used to measure responsabilisation, with only those deemed ready to receive help given access to support, with risk being considered a “conscious state” that can be controlled and managed by the



young person (Liebenberg, Ungar and Ikeda, 2015, p.1017). This agenda of responsibilisation is evident throughout a number of theories underpinning service provision for women experiencing multiple and complex needs. With this agenda embedded in neoliberal policies failing to take account of the wider social inequalities faced by those involved in prostitution, an understanding emerges of the challenges confronted by women when seeking help and support that adequately responds to their experiences and needs.

Despite evidence of some self-management programmes being unsuccessful in their aims, governments are continuing to promote and support this approach to a wide range of health and social care needs and difficulties. The impact of 'failing' to self-manage has significant implications for individuals, potentially experiencing forms of social control rather than the intended freedoms of a well considered self-management programme. However, it is important to note that there is much room for self-management programmes that truly empower and enable individuals to confidently manage their own health and circumstances. In particular there is a significant movement of mutual support groups and networks, sometimes referred to as 'self-help' groups or peer support (Boyce, 2016; Baldacchino, Caan and Munn-Giddings, 2008). Whilst a clear definition of self-help groups is lacking, they are seen to have developed in response to the wider social policy context (Seebohm, Munn-Giddings and Brewer, 2010). Mutual aid groups are viewed as sharing a similar set of characteristics that include facing similar circumstances or conditions, providing the opportunity to come together and share knowledge and experiences, through groups run by and for its members (Seebohm, Munn-Giddings and Brewer, 2010). Whilst there are complications in providing support whilst also experiencing similar difficulties oneself, there are clear benefits in the ability to truly understand the circumstances and experiences of others, and the challenges found in moving one's life forward.

### **3.3.2 Understanding decisions and choices**

A significant challenge in understanding the decisions and choices made when engaging with helping services is in ensuring the voice of women experiencing multiple and complex needs is present. Particularly problematic is that it will be hard to find and hear the voices of those who have experienced difficulties in attending or have decided not to access services (Gallimore, Hay and Mackie, 2008). This is a major, but unavoidable issue; as only some will make themselves available to research, only part of the potential service user voice is heard. As Gallimore, Hay and Mackie (2008) commented, there is much

information on what professionals and services think to be the needs of service users and associated barriers, but this can in no way match hearing the voice of the individual who experiences multiple and complex needs. Whilst literature evidences the experiences and needs of women involved, or at risk of involvement in prostitution, there is limited understanding of the decisions made by women when choosing to seek support from helping services. For example, consideration should be given as to why women bother to access helping services, if their lives are made more complicated as a result, and are they exposed to judgements with far reaching impact, such as the removal of children.

There are many times when I have been left in awe of the tenacity and determination of women to survive in situations that are complex and traumatic. It can be argued that seeking to manage complex and multiple experiences is in itself a demonstration of motivation and agency, but frequently this is judged as socially inappropriate, criminal or as increasing risk to themselves or others. In many cases, the activities in seeking survival can lead individuals to more chaotic and dangerous situations, for example a criminal record or exposure to higher risk taking activities. It becomes questionable how useful helping services (social services, health care provision and third sector organisations) are in improving the lives of women experiencing multiple and complex needs, if the model of provision is one embedded within a neoliberalist agenda of responsibilisation. It can be argued that services are created from and for ordered lives, with professionals defining what constitutes need, determining the level of difficulty faced by an individual and the right this gives them to be in receipt of helping services, and specifically the type of help on offer. Amongst this it is evident that the voice of women experiencing multiple and complex needs is lacking in defining how help and support is developed, organised, prioritised, offered and evaluated.

In much of the legislation affecting women experiencing multiple and complex needs little attention is paid to their circumstances and experiences, but rather emphasis is placed on managing the risk that they may pose to others or themselves. For example, the current legal settlement on prostitution appears to prioritise protection of local communities over the individuals involved, choosing regulation rather than abolition, enabling a culture to exist which considers prostitution a viable option for women experiencing poverty (APPG, 2014). Elsewhere, rightly embedded within our legislation protecting the wellbeing of children is the central premise that the child's needs are paramount (Children Act 1989 c.41), but the needs of women are a lesser consideration to the point that once involvement of social services with children has ended, so ends the support available for mothers. When a child is adopted, a woman who was clearly experiencing such

challenges as to not be managing the care of her child is often left without viable support (Broadhurst et al., 2015).

There has been significant research offering comprehensive insight into the experiences of women involved in, or at risk of involvement in, the criminal justice system from the last thirty years. Corston (2007, p.16) commented that, “there can be few topics that have been so exhaustively researched to such little practical effect as the plight of women in the criminal justice system”. This includes the inequity of experience and outcomes for women, but also relates to implications from the family’s inability to visit, access to safe and secure housing, and support for complex mental health problems. These few examples illustrate how needs and experiences of women are frequently missing from the detail of legislation, informing governmental spending on helping services and overall cultural attitudes.

What is not being heard is the voice of women and how they find the experience of seeking support from helping services. This chapter describes the reported needs and experiences of women, including their mental health, physical health, poverty, access to housing, childcare responsibilities and other intersecting experiences such as age, ethnicity and class. Elsewhere in the literature, there is evidence to suggest that the construction of service provision and theories of intervention underpinning available support is highly ordered and enmeshed in a neoliberal agenda of responsibilisation, ultimately failing to respond to multiplicity and complexity of need and experiences.

Following this review of the literature, I return the example I gave in chapter one from my time in practice, recalling the response of one woman accessing the addictions service I was involved in, when I asked why she kept missing her alcohol treatment order appointments. To my mind it was imperative that she attended the alcohol treatment order appointments, otherwise her situation would likely worsen significantly with a breach of order and the resulting custodial alternative. However, it became clear that I was applying my ordered, middle class frame of reference, to her multiplicity of experiences and needs that significantly differed from my own. Professionals can never fully understand the experience of others, or frame these experiences in to standardised sets of needs or vulnerabilities when they demand varying responses. By framing these experiences into a level of need or a single-issue response fails to pay attention to what is important to the individual in enabling their survival. The woman reminded me that alcohol was not her only problem, and told me about how she did not want to get out of bed in the morning to carry on with a life she described as a daily fight for survival. Within

this frame of reference one can understand why an appointment with an alcohol worker was very low down on her list of priorities, even if missing this meeting had a potential negative outcome for her.

When women who experience multiple and complex needs are spending every day fighting for survival, consideration has to be given to the extent caregivers help or hinder this experience. What the literature does not tell us is if policy, provision and professional responses actually make it 'easier' for women to choose not to access helping services. It is not clear if the decisions made by women to carry on attending a service and accessing help and support improves aspects of their life. In addition, it would be helpful to understand what informs women's decisions to return to services for on-going support. I intend to develop an understanding that responds to these gaps in the literature by listening to women's experiences. There are four broad areas where I wish to develop further knowledge and understanding, and these are set out in the research questions below.

- i. What are the different understandings of complex needs?
- ii. In what ways do the constructions of complex needs underpin services for women?
- iii. What are the narratives and experiences of women considered to have complex needs?
- iv. How can an understanding of women's decision making when seeking and accessing help and support be developed?

The aim of this study is to understand the experience of women when accessing support from helping services, and the decision and choices they make when doing this. Responding to the research questions, I carried out a series of semi-structured interviews hearing from women themselves, and generating data for analysis. The following chapters set out the methodological approaches of this study and the findings that emerged from the interviews.

## **4 Methodology**

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The application of Bacchi's WTPA (1999) provided a mechanism not only to critically interrogate data and support the development of themes in the findings, but was also used to encourage attention to be paid to the intersecting experiences both during the interviews themselves and in the analysis. To accomplish this, I set out a broadly interpretivist research paradigm and strategies that informed and underpinned this study. This chapter establishes the impact a feminist, more specifically an intersectional feminist, approach has on research and its application here. The philosophical underpinnings and abductive research strategy lead to a discussion on issues of voice, power and positionality within the inquiry, and the research methods that align with these key concerns.

An abductive research strategy has been applied, to construct theories from what women say and the meanings they give to things that happen in their lives. A number of practical research matters are addressed; including how primary concerns around ethical considerations informed the methods of this study. Semi-structured interviews were used to generate data, and this chapter discusses the merits of this approach with particular consideration to the experiences of the women willing to be involved.. In the final sections of this chapter, I set out the processes and framework for analysing the generated data. This involves a discussion on the validity of thematic analysis as a standalone process to interrogate the data, utilising the phased approach set out by Braun and Clarke (2006) to ensure thorough exploration. I introduce Bacchi's (1999) 'What's the problem?' approach (WTPA) as a critical framework for the research task and analysis of the data.

### **4.1 Philosophical underpinnings**

The key philosophical developments in history are represented in research methodologies, and it is essential that the researcher makes clear the paradigm in which they are operating when undertaking research. As Birks (2014, p.18) wrote, "paradigms in research are frameworks representing a shared way of thinking on how we view the world and generate knowledge from that perspective". The world-view, or the lens that individuals apply to understand the world, establishes how individuals understand the nature of social reality (ontology) (Birks, 2014; Hesse-Biber and Leavy, 2011; Creswell

and Creswell, 2013; Alvesson and Sköldberg, 2009; Blaikie, 2007). Alongside the researcher establishing their ontology, or what they believe can be known, it is also essential to understand how this can be known and who can be the knower (epistemology) (Birks, 2014; Hesse-Biber and Leavy, 2011; Creswell and Creswell, 2013; Alvesson and Sköldberg, 2009; Blaikie, 2007). It has been suggested by Hesse-Bieber and Leavy (2011, p.37) that the research problem selected is “closely tied to how we engage methodologically with the social world”, that is that one’s ontological and epistemological assumptions impact on how we generate knowledge.

The fundamental methodological problem experienced by all social researchers is in understanding the various potential connections made between “ideas, social experience, and social reality” (Blaikie, 2007, p.13). This is the challenge of clarifying the connections between how the researcher understands and makes sense of their experiences and realities, how they interpret and experience everyday life, and their understanding of the restrictions and opportunities that operate in the “material and socially constructed world” (Blaikie, 2007, p.13). It is via the researcher clarifying their epistemological and ontological assumptions that one can understand the way that they view the world, enabling an understanding of how their inquiry developed, findings established and ideas generated.

The ontological assumptions of this inquiry, the assumptions that are being made about the nature of social reality, draw on a subtle realist theory. The subtle realist ontology sets out a belief in the “existence of an external social reality”, and was developed in response to the perceived deficiencies of the shallow realist and idealist ontologies (Blaikie, 2007, p.17). In essence this ontology, like the idealist theories, recognises that knowledge is generated by the constructions of realities between people, whilst also agreeing with the shallow realist position that there is an external social reality (Blaikie, 2007). It is from this position, that subtle realism is considered distinct, “in its rejection of the notion that knowledge must be defined as beliefs whose validity is known with certainty” (Hammersley, 1992, p.54). Some view the subtle realist ontology being used as a ‘middle way’ by post-positivist social researchers, as they establish a path between the various paradigms (Seale, 1999, p.470). Seale (1999) questioned why researchers, who settle in the post-positivist position and are naturally rejecting the modernist concepts previously conceived as leading to quality research, then find it necessary to align themselves with ontologies appearing to provide similar frameworks.

Hammersley (1992) developed the concept of subtle realism to support ethnographers to manage the domination in research by polarised and incompatible positions of realism and relativistic idealism. This is where researchers have to adopt either a belief of an independent and knowable reality, or at the other end of the spectrum commit to the idea of there being many and unequal socially constructed realities (Blaikie, 2007). The subtle realist ontology developed by Hammersley (1992) assumes a midway position between these two extremes, acknowledging the “existence of an independent reality, a world that has an existence independent of our perception of it, but denies that there can be direct access to that reality, emphasising instead representation not reproduction of social phenomena” (Andrews, 2016, p.1). In other words, this approach understands that reality is both objective and subjective (Andrews, 2016).

Support for the subtle realist approach, in the development of knowledge and its evaluation, is found amongst some practitioner researchers (Duncan and Nicol, 2004; Andrews, 2016). Duncan and Nicol (2004) highlighted the concerns in clinical practice about research and the kind of evidence and possible ways it is used, or misused. In these comments, they bring attention to the ways in which the nature of knowledge is perceived and how it has a direct impact on practice, with findings guiding clinicians’ approaches and interventions (Duncan and Nicol, 2004). As Hammersley (1992) highlighted, the usefulness of research can be questioned if its contribution to knowledge is not seen to be done in a meaningful way, a critique that can be aimed at relativist approaches where multiple accounts can each lay claim to legitimacy (Andrews, 2016). Elsewhere there is concern about how knowledge is developed in the limited resources of health and social care, where interventions and approaches have to show their worth and value (Duncan and Nicol, 2004).

However, amongst what can be seen as a pragmatic compromise between the extremes of philosophical positions, Seale (1999) suggested there were areas within this approach where critique can be made. The primary critique concerned Hammersley’s focus on plausibility, where findings are consistent with currently accepted knowledge in the research community. The concern here is that “the social research community is no different from the rest of society in its divisions of status and power, acting at times to oppress and silence particular groups who are unable to influence the discourses of social research” (Seale, 1999, p.471). As noted later, this is a particular concern for feminist researchers, as they seek to uncover and acknowledge women’s voices and experiences (Hawkesworth, 2012; Ryan-Flood and Gill, 2010). However, it is argued that this can be countered by testing theories for their credibility and plausibility, revising “accepted

wisdom and the eventual overthrow of dominant paradigms” (Seale, 1999, p.471). This counterargument is seen as particularly persuasive when considering how evidence is constituted, and that pre-existing theoretical assumptions inform future observations (Seale, 1999).

As discussed later in this chapter, an intersectional feminist approach underpins this study, supported by the application of Bacchi’s WTPA (1999). By using these approaches, my intention was to interrogate and challenge any potential alignment in this study to accepted wisdom, categorization and interpretations. The subtle realist ontology supports an approach where the realities of women’s experiences are heard and recorded, whilst understanding that these experiences are a result of constructions produced from the interactions of social actors. However amongst this, it is essential to recognise that if one is attacked, abused, experiences homelessness or uses substances, this is very much a real experience that is felt and experienced, and should be recorded as such. Elsewhere the circumstances and experiences of women involved, or at risk of involvement in prostitution result from the interactions and constructions of social actors. Therefore, this research is embedded within an interpretivist approach, which is drawn from thinkers such as Immanuel Kant, Wilhelm Dilthey and Edmund Husserl and Max Weber (Mills and Birks, 2014). The focus of interpretivism remains with human beings and their societies, the stories therein, the difficulties that they report and the values that they bring to their lives (Mills and Birks, 2014). The assumptions of interpretivism consider the complexity of human behaviours, values and judgements, reflecting the literature relating to women experiencing multiple and complex needs.

The social constructionist epistemology has emerged from the post-positivist and interpretivist philosophies, developing the interpretivist presentation that humans construct their own reality (Mills and Birks, 2014). Social constructionism is the sense made by individuals of their interactions with the material and social world (Blaikie, 2007). From the social constructionist perspective, individuals try to understand the world in which they live, and “often these subjective meanings are negotiated socially and historically...they are not simply imprinted on individuals, but are formed through interaction with others and through historical and cultural norms that operate in individuals lives” (Creswell and Creswell, 2007, p.19). Research operating from these epistemological assumptions involves reconstructing this reality (Mills and Birks, 2014).

Within the social constructionist epistemological assumptions, subjective meanings of experiences are many and varied, therefore the aim of research is to rely, wherever



possible, on the views of the participants and make sense of the meanings that are gathered in this data (Creswell and Creswell, 2007). As I noted earlier, this is particularly pertinent for this inquiry, as the central aim is to understand the experience of women from their perspective. Elsewhere, some argue that constructionism is at odds with a feminist approach to research, that this theoretical approach could be used to undermine the experiences of women with the premise that, “one interpretation is as good as any other” (Bacchi, 1999, p.54). It is argued that constructionists often overlook the silences and focus on the arguments, instead presenting issues that they can see and hear, which is at odds with a feminist approach to research (Bacchi, 1999).

However, Bacchi (1999, p.54) also suggested that, ontologically constructionism is “a natural home for feminists...the implications which flow from particular representations or interpretations...these implications have effects on peoples lives, effects which need to be commented upon and assessed”. A feminist approach to social constructionism developed, with a focus on both structure and individual agency, and it is within this that the philosophical underpinnings of constructionism can be effectively interwoven with a political analysis (Bacchi, 1999). Citing the work of Miller (1993) to support her argument, Bacchi (1999) commented that interpretations and orientations are constructed within relationships and institutions that are ultimately capitalist, gendered or both. As noted earlier, the subtle realist ontological assumptions present in this study can be seen to offer a middle way and a counter to the endless potential interpretations. There are a number of ways this concern have been addressed, which will be detailed later in this chapter, firstly the application of an intersectional feminist approach with focus on hearing and recording how women voice their experiences, whilst interrogating and interpreting the intersections between these. Additional support for this has been found through the application of Bacchi's WTPA (1999).

#### **4.1.1 A feminist approach to research**

A feminist theoretical approach has been applied to this inquiry, to understand the strength and agency of women, whilst also understanding the nature of inequality and oppression experienced. I understand however, that “feminism is not a unified project” (Letherby, 2003), and this has been particularly evident in the literature concerning legislation reform in relation to prostitution. As Ramazanoglu (1992) noted, what is reported as feminist methodology is entirely reliant on the examples that are presented by those writing on methodological approaches. There is some debate whether there is a feminist methodology, however I agree with Harding (1987) and Letherby (2003) who

established that there is nothing distinctive about feminist methods. Harding (1987b) pointed to the challenges in establishing what are distinctively 'feminist methods' amongst the interwoven nature of discussions on epistemology, ontology and methods. While Letherby (2003, p.5) commented that, "any method can be used in a pro-feminist or non-feminist way", and suggested that when people talk about a 'feminist methodology', they should consider if this is something that is done by a feminist researcher or something that they aim to do, rather than a methodology. Equally, Westmarland (2001) commented, that there is no single feminist perspective, therefore there can be no single feminist methodology. However, it is well argued that there is a 'feminist research practice', which is distinct from other research approaches (Scherff, 2010; Harding, 1987b; Letherby, 2003; Ryan-Flood and Gill, 2010; Reinhartz and Davidman, 1992), and it is this that I have explored and applied to this inquiry.

When thinking epistemologically and applying a feminist approach, one begins from a consideration that the reality for women is frequently one of inequality and subordination (Letherby, 2003). Uncovering the realities of women's experiences is an essential framework for this inquiry, applying a feminist perspective to develop the understanding of oppression that is and has been experienced by women is crucial. There is significant writing amongst feminist researchers who critique positivist assumptions and the associated methodology, on the basis that the very nature of knowledge and assumed truth is a result of male scholarship and their understanding of the world (Westmarland, 2001; Ryan-Flood and Gill, 2010; Millman and Moss Kanter, 1987). These assumptions of what can be known as truth can be traced back to sixth century B.C., are later echoed in the work of Plato, where it was stated that women lacked reason and were created from the soul of man, an idea which remained dominant through to the beginning of the seventeenth century (Westmarland, 2001). It is argued that once it is understood where knowledge stems from, one begins to understand that the creation of knowledge is imbued with a male view of the world and that malestream methodology has ultimately impacted on the development of asserted truths. It is these asserted truths and the process by which they have been created, that feminists challenge as failing to consider women's experiences as something that should be understood and studied, and if they are studied, that the methods used inhibit the voice of women being truly represented in the findings (Maynard, 1994). As succinctly concluded by Dorothy Smith (1974, p.7), sociology has been "based on and built up within the male social universe".

Whilst it is argued that there is nothing distinctive about feminist methods (Letherby, 2003; Harding, 1987a), early on in the second wave of feminism there was significant critique in

relation to the use of quantitative methods (Maynard, 1994). Quantitative methods were considered the embodiment of a masculine approach to what could be known and who could be the knower, “where the emphasis was on the detachment of the researcher and the collection and measurement of ‘objective’ social facts through a supposedly value-free form of data collection” (Maynard, 1994, p.11). Feminist commentators critiqued positivist methodology for excluding and ignoring women in research (Westmarland, 2001). Instead qualitative methods were seen as better able to understand the subjective experiences of women, and the meanings that they attributed to these experiences, which were considered as better aligning with overarching values of feminism (Maynard, 1994).

Although it is argued that there is no single feminism, some attempts have been made amongst writers to collate the multiplicity of views into a more coherent argument to support understanding of feminist approaches and their impact on research overall (Letherby, 2003; Maynard, 1994). Feminism is considered both a theory and practice, or elsewhere described as praxis, based in “political commitment to produce useful knowledge that will make a difference to women’s lives through social and individual change” (Letherby, 2003, p.4). Whilst disagreement remains about the causes of domination of men over women and how this can be contested to attain women’s liberation, there is agreement in the need to understand the inequality between women and men, and the origins of the subordination experienced by women (Letherby, 2003). The interrogation and challenge of beliefs and assumptions are seen as distinctive components of a feminist approach to research, enabled by the reframing of research questions (Hawkesworth, 2012). In their approach to research, feminists are particularly interested in the silences that are found elsewhere in research, whether this is consideration to the issues that are researched, or the way in which the research is carried out (Hawkesworth, 2012; Ryan-Flood and Gill, 2010).

More recently, feminist researchers have suggested that there is a place for quantitative methods to develop the understanding of women’s experience. Westmarland (2001) reflects on her own research and how she found the use of quantitative methods helpful to access voices and experiences of women she may not previously have been able to hear due to various restrictions. She commented on the writing of Gelsthorpe (1990), and Morris and Gelsthorpe (1990), who note the useful nature of quantitative approaches to provide background data and provide an overall picture of an experience or similar (Westmarland, 2001). Gelsthorpe (1990) states that it is “insensitive quantification” that is problematic rather than quantification itself. That is, the questions that are not asked can

have a significant impact on the responses and findings, in a similar way to those questions that were asked.

However, the key focus of this inquiry is to hear the experiences and understanding women have of their lives and the interactions with helping services when trying to access support. Essential to a feminist approach to research, is to reveal the reality of women's experiences, and to do so without exploiting those whose voices we are trying to hear (Ryan-Flood and Gill, 2010; Letherby, 2003). Applying a feminist approach requires the researcher to consider the how and why of the inquiry, the relevance of methods and their overall approach to ensure that the experiences of women are truly uncovered and understood. That is, "we need to be sensitive to respondents, and to the relevance of our own presence in their lives and in the research process" (Letherby, 2003, p.6). Later in this chapter I will return to consider what a feminist approach looks like in practice, and describe how I have embedded it in the methods of this inquiry with the aim of providing every opportunity to enable women's voices and experiences to be heard.

#### **4.1.2 Intersectional feminism**

This study is also informed by intersectional feminism, and below I briefly outline key components of intersectionality and how the approach has underpinned this research. The term "intersectionality" is reportedly introduced by Kimberlé Crenshaw in the late 1980s as she sought to articulate the multiple points of oppression experienced by black women (Yuval-Davis, 2006; Walby, Armstrong and Strid, 2012; Ludvig, 2006; Prins, 2006; Nash, 2008). In particular, (Crenshaw, 1991, p.1242) set out the structural, political and representational intersectionality experienced by 'women of color', where women at the intersection of race and gender have experiences quantifiably different from white women.

It is widely recognised that Crenshaw's (1991) work was a "refreshing re-articulation" of theories and understanding previously presented by other scholars (Prins, 2006, p.278). It is also acknowledged (Yuval-Davis, 2006; Prins, 2006) that arguments presented by bell hooks (1981) provided a catalyst for much of this work, as she highlighted the invisibility of 'women of color' within feminism and theories that challenged racism. The term 'triple oppression' or 'triple jeopardy' being used to describe experiences of being black, female and working class, developed as a way to understand the experiences of women previously hidden from the attention of feminists and social scientists (Yuval-Davis, 2006; Prins, 2006). The revised focus sought to establish and understand the differences between women, moving away from the stance that women were a homogenous group

(Ludvig, 2006). As Prins, (2006, p.279) commented, “categories like gender, ethnicity and class co-construct each other, and they do so in a myriad ways, dependent on social, historical and symbolic factors”.

There is significant discussion on the different approaches to understanding and applying intersectionality (Walby, Armstrong and Strid, 2012). Scholars agree that in developing a detailed understanding of women’s experiences, attention must be paid to the multiple inequalities faced by women (Walby, Armstrong and Strid, 2012). However, after this point in the literature there are disagreements in how the conceptualisation of this analysis is approached (Walby, Armstrong and Strid, 2012). In essence there are two major schools of thought: an approach prevalent amongst US scholars focusing on systematic levels of oppression, and an application of intersectionality underpinned by a constructionist epistemology more commonly applied by UK and Scandinavian academics (Prins, 2006). As already noted earlier in this chapter, I utilised a constructionist intersectional feminist approach, to ensure a nuanced and dynamic account of women’s experiences and oppressions. However, I will briefly address the contentions that underlie the different epistemological underpinning to intersectional approaches, and bring attention to how I have addressed some of these dichotomies by the application of Bacchi’s (1999) WTPA.

A number of scholars have attempted to untangle the strengths and differences within these approaches to support and enable its use in empirical analysis. The strengths in the application of an intersectional approach is in its attempt to avoid, “essentialised, fixed and homogenised assumptions of identities” (Ludvig, 2006). However, there are challenges from the potential unending lists of difference that must be considered when seeking to understand how they intersect and their impact on women’s experiences (Ludvig, 2006). Additionally, whilst it is impossible to address and consider every potential difference, it is also very difficult for an individual to reflect on and understand which element of difference she has been discriminated against at any given time (Ludvig, 2006). The significant challenges for intersectionality stem from who decides what is considered; what historical, social and political context provide the backdrop for the experiences, and the reasons for which differences are recognized (Ludvig, 2006; Walby, Armstrong and Strid, 2012; Yuval-Davis, 2006; Phoenix, 2006; Anthias, 2013).

This challenge for the application of the intersectionality approach is a pertinent consideration for this inquiry, establishing how experiences of multiple and complex needs experienced by women impact on their decisions and experiences when accessing

support. However, this concern from commentators on the nature and complexity of who, how, what and why differences are recognised echoes the challenges that are evident in the history and definition of the concept of need as set out in chapter two. This inquiry seeks to hear the narrative women give to their experiences, although it is questionable how experiences are understood, identifying those having caused us difficulties and challenges, or led to different treatment.

McCall (2005) and Hancock (2007) attempted to address some of these challenges as they set out taxonomies of intersectional approaches, both broadly dividing a variety of methodological considerations into three approaches. McCall (2005) defined the “Intra-categorical complexity” approach as those approaches that essentially stem from the original conception of intersectionality, in which the focus of analysis is on particular social groups at particular intersecting points (McCall, 2005; Walby, Armstrong and Strid, 2012). In contrast Hancock (2007, p.64) in her study of ‘race, gender, class and other categories of difference in political science’, suggested the presence of a “unitary approach”, where only one category is addressed, and considered primary and remains stable. However, such work, focusing on a small group at particular intersecting points, fails to address the wider social and political structures that have the ability to inform the inequalities (McCall, 2005).

The second approach, defined by McCall (2005) as the “anti-categorical complexity” approach, addresses the critique outlined above, resisting and deconstructing analytical categories, attempting to demonstrate the artificial nature of social categories and the resulting intersections (McCall, 2005; Ludvig, 2006). In a slightly different vein, Hancock (2007) suggested the ‘multiple approach’ where more than one category is addressed, however in her taxonomy the categories are presumed unchanging and hold equal weighting in the way that they matter to each other (Hancock, 2007).

For Hancock, the ‘intersectional approach...emerges out of the earlier unitary and multiple approaches, joining with other constructionist efforts in asserting first and foremost that reality is historically and socially constructed” (2007, p.74). In her typology, the intersectional approach addresses more than one category that matter equally, but there is a dynamic and inter-related relationship between them (Hancock, 2007). Whereas, in response to the anti-categorical and intra-categorical approach to intersectionality, McCall (2005) suggested that there is a solution to the conundrum of either falling into a trap of aligning analysis with socially and politically constructed categories and fail to untangle the multiple experiences of oppression or engaging in a never ending analytical

deconstruction of categories leading the researcher away from their original investigation. She explained that in this inter-categorical approach, “scholars provisionally adopt existing analytical categories to document relationships of inequality among social groups and changing configurations along multiple and conflicting dimensions” (McCall, 2005, p.1773). This enables engagement with the larger structures creating inequalities, and bringing attention to those inequalities can be found within and between categories (McCall, 2005; Walby, Armstrong and Strid, 2012; Ludvig, 2006). It is this inter-categorical approach set out by McCall (2005) which I have applied in this study.

In their review of intersectional approaches, Walby, Armstrong and Strid (2012) identified a number of outstanding dilemmas, one of which is the suggestion that all projects should receive equal treatment and importance in the analysis. They noted Hancock’s (2007, p.68) comment on the “oppression Olympics” in intersectionality, in which she drew concern over some inequalities being seen as more important than others and attempted to resolve this by ensuring equal attention was given to each. Walby, Armstrong and Strid (2012) suggested that by investigating the relations between inequalities analysis moves beyond one of dominance or equal concern. I am particularly interested in this point, as much of my concern that led to this inquiry stemmed from my observations of helping services being commissioned to respond to a particular need which policy had prioritised, and I wanted to understand how women who may benefit from support decided on what helping services they would engage with.

#### **4.1.3 What’s the problem?**

By applying the Bacchi (1999) What’s the problem? Approach (WTPA) framework, it was my intention to address the concerns raised by Walby, Armstrong and Strid (2012) as a method to uncover how the problem or issue has become to be framed. Bacchi (1999) highlights how problems are framed by the involvement of political actors, directly informing responses found in policy solutions. The WTPA (Bacchi, 1999) seeks to uncover the constructions and establish what the problem is represented to be by utilising a series of questions, with a priority to establish what is not said. As detailed later in this chapter and further on in this thesis, Bacchi (1999) highlights how problems are framed by political actors directly informing responses found in policy solutions. The WTPA (Bacchi, 1999) seeks to uncover the constructions and establish what the problem is represented to be by utilising a series of questions, with a priority to establish what is not said.

Ultimately, the WTPA is undertaken within some form of boundaries, either with a focus on a particular group experience, issue or challenge, alongside the application of an analytical tool. This illustrates the challenges that are set out by McCall (2005), in ensuring that one is not aligning voices and experiences to categories that are already in place and potentially missing other intersecting experiences, whilst also not losing sight of one's research as the endless exercise of re-categorizing experiences (Walby, Armstrong and Strid, 2012; Ludvig, 2006). This is clearly a careful balance that the researcher must reflect on and engage with, and I will discuss further in this chapter how I made use of Bacchi's (1999) WTPA as a method to address this concern, with the aim of enabling a transparent understanding of the choices and decisions made by women experiencing multiple and complex needs when seeking help and support.

## **4.2 Research strategy**

The philosophical assumptions that underpin research directly impact on the research strategy applied. I was mindful that I was seeking to understand the experiences of women accessing helping services, and the meanings that they apply to these experiences. As noted in the literature, women considered as experiencing multiple and complex needs frequently experience severe disadvantage, with clear links to oppression or lack of equality of outcome as a result of their gender. My key aim was to understand why women choose to seek help from services or not; this needs to be understood from their experience. The following research questions developed from the review of the literature:

- i. What are the different understandings of complex needs?
- ii. In what ways do the constructions of complex needs underpin services for women?
- iii. What are the narratives and experiences of women considered to have complex needs?
- iv. How can an understanding of women's decision making when seeking and accessing help and support be developed?

Below I have set out the research strategy and methods of research, detailing what a feminist approach looks like in this inquiry.



I have applied an abductive strategy to this inquiry, incorporating the subtle realist ontological and social constructionist epistemological assumptions, whilst also considering the essential application of a feminist approach to this research. The abductive research strategy, “involves constructing theories that are derived from social actors’ language, meanings and everyday activities” (Blaikie, 2007, p.89). The abductive research strategy centrally situates within the research and its output, the meanings, interpretations, motives and intentions that individuals experience in their lives (Blaikie, 2007). The techniques involved in abductive research are focused on understanding the meaning of what others say and what they do; a skill that is available to many, not just professional researchers (Giddens, 1977). The role of the social researcher is to encourage participants to reflect on their everyday experiences, so that they can understand the world as seen by individuals and the meanings they apply to it (Blaikie, 2007). Much of the engagement that people have with the social world is done in a ‘routine and unreflective manner’, therefore encouraging participants to reflect is essential so that meanings and theories can be discovered (Blaikie, 2007). The language used to report the “concepts, meanings, motives and interpretations” of participants should remain close to that originally used (Blaikie, 2007, p.106). Not only is accurately hearing, recording and reporting the participant’s voice embedded in a social constructionism epistemology, it is also reflected as an essential principle of the feminist approach to research as is further discussed below.

I noted earlier that the central tenet of feminist research is to reveal the experiences of women and to do so in a way that does not further exploit those who are involved in the research. Key elements of a feminist approach have been discussed earlier in this chapter, and are seen as distinct from other forms of research by the nature of questions asked, where the researcher locates themselves in these questions, and the overall purpose of the inquiry (Kelly, 1988). In attempting to uncover women’s experiences, I had to consider how I heard their voice, and what impact this and other factors had on hearing this. I am also mindful that it is not only the voice of women that needs to be considered, but also that silences are noticed and heard. The argument of a feminist approach is that women and their voices have been frequently missing in research, either by their experiences not being studied, or by questions asked failing to give space for women to report on their reality.

#### **4.2.1 The 'self' as researcher and reflexivity**

Firstly I needed to address the issue of 'self' as a researcher, in that I did not sit and observe objectively the data I gathered as part of the research. The reality is that I brought with me a personal and intellectual biography that ultimately had an impact on what led to my undertaking of this inquiry (Letherby, 2003). I have a clear commitment as a feminist to uncover the experiences of women which the literature suggests are experiencing complex need as a result of multiple disadvantage. I have been aware of my biography and how this may have impacted on the research. In particular, the effect this may have had on women I met and what they felt they should and could say and the impact this had on findings and outcomes. It was essential to acknowledge that there are factors about me as a researcher that cannot necessarily be removed from the research environment, and I shall pause here to address them and comment on how I managed this as I progressed the research.

We know that those operating from a interpretivist paradigm, alongside those applying a feminist approach to research, seek to establish a better balance of power in the research relationship, to enable access to "more fruitful and significant data" (Westmarland, 2001). Equally, if we consider the central aim of feminist research is to uncover women's voices and experiences without further oppression of those involved, an approach strongly influenced by the work of Ann Oakley, then it is essential that the researcher understands their impact on others and adjusts where possible to reduce the variance in power (Westmarland, 2001).

Before setting out the ways I attempted to address the power imbalance, it is pertinent here to say a little about myself. There are clear and obvious facts that cannot be changed, I am a middleclass white British woman, who has had the opportunity to access education. Much of my working life has been focused on supporting others, from my late teens as a care assistant in nursing homes, then supporting those with a learning difficulty, moving to a role as an unqualified social worker in an older persons local authority team, through to social work training. Post-qualification as a social worker, I worked in a variety of environments supporting those affected by their own or others substance use. Throughout my career I have been struck by the challenges that women face when attempting to access help and support.

As I moved out of practice and began working in a university, I wanted to continue my involvement in social care provision and after some time visiting a number of agencies came across an organisation which I felt was attempting to respond to some of the

challenges I had seen during my time in practice. For the past six years I have been an active trustee of the organisation, and this role has led to observations about the complexity and multiplicity of need faced by women involved, or at risk of involvement, in prostitution. I am mindful that I bring these experiences to this inquiry, that I have also viewed these experiences from the position as a social care professional, as opposed to a potential user of services. My observations from practice have also led to this inquiry, primarily witnessing the inequality of outcome for women when accessing helping services.

Key elements of social work education and practice are the addressing of power imbalances found in difference via anti-oppressive practice, engaging empathy through active listening, and practising reflexively (Trevithick, 2005; Coulshed and Orme, 2012). These approaches to practice have been central in my work supporting others, and I have also brought them to this inquiry. Alongside an acknowledgement of the impact of self in practice and research, it is useful here to consider the work on positioning by Harré and Langenhove (1991). They described positioning, as “a procedure of making determinate a psychological phenomenon for the purposes at hand...fluid positionings, not fixed roles, are used by people to cope with the situation they usually find themselves in” (Harré and Langenhove, 1991, p.217). They bring attention to how positioning is used in conversations, where the position held is affected by the individual’s character, role and what they say (Harré and Langenhove, 1991). For example, a cry of pain can be heard as a dependant requesting help or as a dominant voice of protest or reprimand, and by negotiating and questioning people re-position themselves in conversations (Harré and Langenhove, 1991). Whilst this is not the space to analyse the nature of positions, it is important to consider the ways in which we position others and ourselves in conversations.

The reality throughout is that I cannot change the obvious factors of myself, but I can address the way that I meet people and provide an environment in which it is safe for others to share their experiences, where they feel heard and know that they have been heard. In addition to being mindful of the positions I, and others take, I also built in processes to ensure I challenged my own views and interpretation. This took the form of three methods, through the use of a reflective diary, by applying Bacchi’s (1999) WTPA questions, and in discussions with my supervisors about the interviews, my analysis and findings. Keeping a journal recording my reflections of the interviews enabled me to consider the interactions within the interviews. At the end of each interview I took time to immediately record my thoughts, experiences and reflections and was able to review this

information at a later date alongside the interview transcripts. This enabled to keep track of my own feelings and experiences that were also present in the room, alongside capturing on record some of the women's physical and emotional behaviours along with what they said. As I go on to discuss in this thesis, during this interview process I became alert to the silences in verbal narratives emerging elsewhere, for example in physical gestures and behaviours, comparisons, and emotions.

Practising reflexively is considered vital in effective social work practice, but is also considered essential in ensuring one remains "methodologically congruent in research design" (Birks, 2014, p.25). Reflexivity in research is essential for qualitative researchers, to consistently consider the impact of one's philosophical approach on the research process itself (Birks, 2014). This is imperative if one considers the involvement of self in qualitative research, whereby reflexivity should enable continual review of how this has an impact on how the research is conducted and the resulting findings (Birks, 2014). Knowledge is generated from the social conditions in which it is produced; it is "grounded in both the social location and social biography of the observer and the observed" (Mann and Kelley, 1997, p.392). I followed advice on engaging reflexively during research by maintaining a reflexive journal, recording thoughts, actions and feelings throughout the research process, and using these to understand and analyse the impact of one's self when considering and presenting findings (Birks, 2014). That researchers demonstrate their reflexivity helps to manage concerns around methodological rigour, remaining an outstanding concern from the positivist epistemology (Koch and Harrington, 1998). Whilst there is significant argument to question the supposed rigour of positivist epistemologies, one can understand that ascribing to reflexive practice makes one mindful of potential impact of self, environment and interactions on data gathered and analysis of findings.

#### **4.2.2 Partnership and recruitment**

All participants were accessing The Hana Centre (a pseudonym), and by the very nature of attending the service they had already been identified as being at risk of involvement, or involved, in prostitution. The Hana Centre is an open access service running a daily 'drop-in', meaning that women can refer themselves for help and support. Support available at the service is wide ranging, starting at the practical provision of hot meals and clothing, to support around health and wellbeing including counselling, acupuncture, massage, reflexology, Tai Chi, manicures and haircuts, with a programme of activities which support development of life-skills or offer the opportunity to make new friends and support networks. The key aspect of service provision at The Hana Centre is the support

and advocacy that is offered by key workers, this can include assessing need, offering practical advice and support including reviewing benefits and attending appointments with women, through to listening and supporting women to take steps in changing their lives for an improved or safer outcome with links to addiction services, domestic violence refuges, mental health services and others. The service has also recently developed an outreach provision.

The Hana Centre employs staff from a range of professional backgrounds, including social work, counselling, and mental health, also relying heavily on volunteers. The service does not access local authority or health commissioned monies, receiving funding from a variety of philanthropic and grant-making organisations, along with support from faith-based organisations. The Hana Centre takes advantage of its lack of reliance on government funding to give it freedom to creatively develop provision which responds to the needs of the women who access their service.

The Hana Centre is a women only service, including staff and volunteers. It is a service for those over eighteen years, however this relies on self-reporting of age and the assessment of staff to ensure that those they believe to be under-eighteen years old to be referred to children and young people's services. The service reports that the majority of women who access their provision seek support and advice on the following issues: benefits, criminal justice system, domestic abuse, access to secure and safe accommodation, education and employment, mental health, drug and alcohol use, physical health issues, and involvement in social services with their children. All of the participants for this study were from this service, of which the majority could be considered as experiencing multiple and complex needs arising from severe disadvantage. Due to the significant ethical considerations, the staff at The Hana Centre identified the potential participants for the study, details of which are set out later in this chapter.

I met frequently with the Chief Executive to discuss my research, and set up meetings with a support worker who said she would be interested in helping with the research. The support worker became my lead contact during the research project and managed the process of arranging the times for women to come and be involved in the study by attending interviews. She was also available should I have had any concerns about the welfare of the women who were involved in the interviews. In preparation for recruiting women into the study I also met with the staff team as a whole, to explain my research and why women may want to be involved, the types of questions I would be asking, and

how to make sure that women who were recruited to the study would not be harmed by their participation. The aim was to ask staff to consider from their experience of working alongside the women, that those recruited into the study were in a position to be asked about their past. As part of the discussions with The Hana Centre, we agreed that staff would not invite women to be involved if they were experiencing significant challenges or ill health, which may have been further exacerbated by involvement in the interviews.

When I met with the staff, I also went through the participant information sheet (appendix three) and consent form (appendix four) and asked that they discuss this with potential participants. In addition, I also put together a short overview responding to the frequently asked questions of the team during the meeting we had (appendix two). This was then put together in a folder, along with the participant information sheets, consent forms and interview diary. The folder of information was left with the lead support worker who kept it at the service reception, making it accessible for all staff.

In order to qualify to be asked if they want to take part in this study, the women were to be accessing a service that indicated that they could be considered as experiencing multiple and complex needs, were female and aged over 18, involved, or at risk of involvement in prostitution. I originally aimed to interview between ten and twenty women, but this was limited to eleven as there were a number of women who were having a difficult time during the six-month period of interviews, making it unsuitable for them to become involved. However, it was clear after the eleventh interview that a rich dataset had emerged, and that the women involved had made substantial and insightful contributions to this. Given these circumstances I decided to move forward with the analysis of the data at this point.

#### **4.2.3 Meeting women, listening to women**

The interviews were held at The Hana Centre, enabling ease of access for women willing to participate. I kept questions asked at the interviews to a minimum to encourage the voice of women to be heard, and also minimise the impact of set questions informing or restricting the narrative of the participants. In essence I asked the participants two questions, one to understand the journey and experiences that brought them to access the service, and secondly what they understood to be helpful services, or what it is about services that makes them want to return.

The interviews were recorded and later transcribed, with digital recordings being deleted to preserve confidentiality. All women's names have been changed, with new names

chosen by the women involved so they could identify themselves in the study should they want to. At the beginning of the interviews I introduced myself and went through the Participant Consent Form (appendix four), bringing attention to the importance that the interview did not cause them any distress. I reminded the women that they did not need to discuss anything that may upset them and suggested that instead they told me if they did not want to talk about it. I note later in the following chapter detailing the findings of this study, how attention can be paid to the silences and how they are brought about. I was clear early on, that on some occasions, it may be preferable for a women not to say something in the interview if it would cause distress or upset. At the end of the interviews I took time to check out how the women felt and if they had any questions, ensuring that they were feeling able to leave and go on with their day without the interview having had a negative impact on them.

Whilst listening to the women, I intended to use time-lines to represent the participant's narrative about their journey and experiences that led them to access the service. I had planned to do this as a way to confirm with participants that I correctly understood what they were telling me, and to offer another layer through which I could understand the narrative and potentially identify where things were not being said. However, completing the time-line became something of a distraction during the interviews, seeming to detract from what the women were saying and my listening. I continued to complete them over a number of interviews, adapting my approach to make it less disruptive, but ultimately it became apparent that it did not add anything to the process of hearing the women's voices. One could also argue, that as a timeline is very linear in nature, perhaps the challenge resulted from applying it in a situation where one of the aims was to hear about the non-linear, intersecting experiences of the women.

Qualitative research is attentive to issues relating to validity, rather than the positivist concerns of reliability and objectivity (Westmarland, 2001). I used semi-structured interviews as a method to generate data in response to the research questions. The research methods are aligned to the philosophical underpinnings of this inquiry, enabling women's experiences to be uncovered in a way that allows them to feel safe and heard, so that data generated responds to the research questions. Semi-structured and unstructured interviews are frequently used in feminist research as they are seen to "convey a deeper feeling for or more emotional closeness to the person studied" (Jayaratne, 1989, p.45). Oakley (2005) noted that it was essential when interviewing women that the interviews should be conversational in nature, whereby the relationships between researcher and participant is more equal than that found under positivist

methodological approaches of structured interviews. It is argued that improved quality of data can be generated when the environment of an interview creates a more equal relationship between participant and researcher. In creating a more equal relationship, it is essential that the researcher establish rapport with participants, seeking to understand their worldview rather than imposing one's own via structured questions and so forth (Fontana and Frey, 2000). Ultimately the knowledge that is produced from qualitative interviews is, "contextual, linguistic, narrative and pragmatic" (Kvale and Brinkmann, 2015, p.18).

In-depth interviews are considered a useful method of data generation when there is a need to focus on a particular topic, whereby the participant responds from her experience, and also her perceptions (Hesse-Biber and Leavy, 2011). Such an approach to interview is essential to gain access to subjugated knowledge, particularly amongst those whose voices, experiences and knowledge may have been marginalised (Hesse-Biber and Leavy, 2011). Such methods are seen as a way that feminist researchers can access the hidden knowledge of women (Reinharz and Davidman, 1992). Of particular importance in this inquiry, was to generate data enabling me to "access people's, thought and memories in their own words, rather than the words of the researcher" (Hesse-Biber and Leavy, 2011, p.98). Of particular importance was to avoid the experience of the assessments extensively found in the social care and health care sector, with the challenges therein as established earlier in this thesis. In short, I wanted to distance myself from too many prescribed questions that may have informed the answers given, curtailed or repressed the voice of women and their experiences.

Whilst a number of other methods of data generation are available and would align with the epistemological assumptions of this inquiry, there are a number of practical reasons why this approach was relevant and appropriate. In particular it was my aim to hear from women experiencing many personal challenges, who may be considered elsewhere as 'vulnerable'. It was essential that I prioritised the safety and wellbeing of those involved, the details of which I consider shortly with a discussion on the ethics of this research. However, there was a reality that returning for a series of interviews may be quite difficult for many women who already have a significant number of commitments in their lives. Given the potential vulnerability of those involved, it seems far from ethical to ask them to return for a number of interviews and for participants to have to repeatedly reconsider their past. Additionally a focus group would be an inappropriate place to share what could be considered very sensitive information. Alongside considering practical barriers to



engagement, I was also mindful of enabling the best setting for those involved to feel confident to share their experiences.

Above I have set out a research strategy that aligns with the philosophical underpinnings of this inquiry, in particular the epistemological assumptions of social constructionism and the application of a feminist approach. When reviewing the research questions with clarity in the philosophical assumptions of this study, one can see the necessity of utilising the most appropriate methods to uncover voice, enabling reflection on everyday life and the meanings applied to it. My primary concern was for the wellbeing and safety of the women willing to participate and in so doing, the methods of study became a little more limited.

### **4.3 Ethical considerations**

Though the focus of the research is to uncover women's experiences, the priority is to protect the wellbeing and welfare of women willing to be involved. A feminist approach to research is deeply rooted in political commitment to engender change through the production of useful knowledge (Letherby, 2003). Equally, it is committed to ensuring that researchers do not cause further oppression to women, either by the questions they ask or the manner in which the research is carried out (Westmarland, 2001). Ethics approval was sought and granted from the Faculty Research Ethics Panel in January 2014, and the approval can be found in appendix five.

As a registered social worker with a background of managing services supporting young people and adults using alcohol or other drugs, I was very aware of the potential vulnerabilities of those participating in this study and the ethical considerations in responding to this. In the application to the Anglia Ruskin University Ethics panel, I set out how I would seek to ensure that I did not increase the vulnerabilities of participants or cause any distress when discussing issues of their past. This was managed in a number of ways, including the process for recruitment of women into the research, as detailed in the previous section (see section 4.2.).

When approaching this research it was my intention to apply the knowledge and skills developed as a social worker to the research environment, seeking to manage potential risk to participants that may result from discussing past experiences. I ensured that participants understood that they could end the session at any point if they felt uncomfortable. Additionally, if I considered that a participant was a risk to herself or

others, then I would have had a duty of care to share this information with the agency, wherever possible prefixed with a discussion about this with the participant herself. This was discussed with all women involved in the study, as part of the participant consent process prior to the interview commencing.

I reviewed the consent form with participants at the beginning of the interview and revisited it during the interview if it seemed pertinent. I checked that women did not feel that they had been pressured into taking part. If I considered that the participant was unable to offer their informed consent due to issues such as their mental capacity or substance use, then I made a professional judgement whether to proceed with the interview. Consent was recorded on a participant consent and record sheet (appendix four), including permission to use a digital recorder during the interview. I made it clear with participants that I would be sharing my findings with the service, and although those would be anonymous that there may be times when individuals could be identified by their circumstances as staff may have supported them through the particular situations that they share with me. I clarified with participants how we could disguise these where necessary. I also explained my relationship with the staff team and that I would not be discussing these interviews with them, but would be giving a broad overview of the research overall to the staff, board of trustees and participants. In addition, I used a password-protected computer to maintain the security of data collected. Paper files only included the timelines that I completed with participants and these did not include any identifiable information and were kept in a locked cabinet.

Having set out the key aspects of the ethical considerations made when undertaking this study, I am also mindful of the central values and ethics of social work, whereby human dignity and wellbeing is upheld and promoted (British Association of Social Work, 2012, p.8). At the core of the principles of social work, is the expectation of those in the profession to “act with integrity and treat people with compassion, empathy and care” (British Association of Social Work, 2012, p.11). It was my intention to reflect the ethics and values of social work practice in the way in which I undertook research.

#### **4.4 Data analysis**

Ethical considerations also need to be evident throughout the process of analysing the data generated from interviews. I felt a great sense of responsibility to make the best use of the recorded experiences resulting from the interviews, and I have used a thematic approach to analyse the data generated. Mindful of some of the comments in the literature

about common pitfalls in undertaking thematic analysis, I used the six-phased approach set out by Braun and Clarke (2006). Additionally, I applied Bacchi's (1999) WTPA to further interrogate the data, in particular to ensure I uncovered what is not being said during the interviews.

Thematic analysis is cited as one of the most frequently used approaches of analysing data generated by qualitative research methods (Bryman, 2016). However, Braun and Clarke (2006) commented that it remains poorly defined and is rarely recognised conceptually as an analytic method in its own right (Braun and Clarke, 2006). Thematic analysis is the foundation for many qualitative analytic methods, and it is argued that it can provide "a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex account of the data" (Braun and Clarke, 2006, p.78). It can be used within multiple theoretical frameworks and applied in different ways within the frameworks (Braun and Clarke, 2006). However, one of the major critiques of thematic analysis is the failure of researchers to clearly state how they have used it, how themes have been identified or emerge from the data (Bazeley, 2013). There are common pitfalls when using thematic analysis that are reported in the literature, including a failure to offer justification as to why identified themes were deemed meaningful and important, not providing evidence to demonstrate the processes of how themes were identified, and where there is incongruity between claims made as a result of the analysis and the data itself (Bryman, 2016; Braun and Clarke, 2006).

It is in response to this critique and known issues with thematic analysis, that Braun and Clarke (2006) outlined six phases of thematic analysis. Whilst this phased approach to thematic analysis offers analysts a guide, the authors cautioned that it is imperative that thematic analysis retains much of its flexibility, noting that not all steps have to be followed in order and that some phases can be merged with others (Braun and Clarke, 2006). Below I have illustrated Braun and Clarke's (2006) six-phase approach and how I applied it to analyse the data generated from my interviews with women.

#### *Phase one: Become familiar with the data*

During this phase, I made myself familiar with the data generated, reading and re-reading the transcripts. Braun and Clarke (2006, p.87) suggested that the analyst must engage in active reading to ensure that they are familiar with all aspects of their data, that is "searching for meanings, patterns and so on".

#### *Phase two: Develop codes for the material*

In this second phase, I began forming initial codes, the process of which helped organise the data into meaningful groups (Braun and Clarke, 2006). Many codes were formed at this stage in the analysis, and Braun and Clarke (2006) advised that researchers ensure as many patterns and potential themes are identified and coded as possible, enabling a rich source of future material. Extracts were coded to include the surrounding material ensuring context was retained, and that extracts of data can be repeatedly coded. Additionally, I used the broad questions set out in Bacchi's (1999) WTPA, as described at the end of this section, to frame the coding. Further detail on how this worked in practice is set out at the beginning of the following chapter. This process was supported by the use of the NVivo software package.

#### *Phase three: From codes to themes*

I then reviewed the codes that were created in phase two and common elements were identified, enabling higher-level themes to be determined (Bryman, 2016). Throughout this coding process I followed the advice of Bryman (2016) by writing summaries, in the form of memos, detailing how the themes came into being. During this phase I developed the names of the themes and codes, and these continued to be informed by the questions set out in Bacchi's (1999) WTPA.

#### *Phase four: Review and evaluate themes*

In this fourth phase, the previously created themes were reviewed and refined (Braun and Clarke, 2006). This phase operated on two levels; the first reviewed the coded extracts that have been aligned under a theme and considered if they were still coherent, and in the second I checked that the given themes were valid across all data (Braun and Clarke, 2006). Whilst Bryman (2016) suggested that in order to offer an authentic and honest insight, the analyst may wish to refer to the literature when creating theme names that reflect the data, I chose to utilise the framework of Bacchi's (1999) questions and where dominant themes emerged ensured that the names reflected the language used by the women in their interviews. As noted earlier in this chapter when discussing the methods of this inquiry, I was keen to ensure that I avoided using the language of policy and service provision, bracketing the women's experiences in the same vein, as I wanted to be certain that it was their voices that emerged from the data.

#### *Phase five: Define and name the themes*

In this phase a thematic map was developed, enabling the review of relationships and sequences between and amongst the themes (Bryman, 2016).

*Phase six: Report production*

In the final stage, “fully worked-out themes” for final analysis were produced to support writing of the chapter to explain the findings of this study (Braun and Clarke, 2006, p.93). I also followed the advice of Bryman (Lincoln and Guba, 1999; Hesse-Biber and Leavy, 2011) who noted the analyst’s responsibility in presenting how and why themes are pertinent and significant, making clear links with research questions and the associated literature. That is, any report on research findings must justify the themes presented, including a visible trail indicating how the analyst arrived at their decisions (Bryman, 2016). I address this in the following chapters as I set out the findings of the study, and then contextualise them within the literature and generate discussion around the tensions that occur.

As a method of focusing my analysis of the data generated from the interviews, I utilised the questions set out by Bacchi (1999) as part of her What’s the Problem? Approach (WTPA). The application of the Bacchi (1999) WTPA supported not only a feminist approach to research, in respect to hearing women’s voices and looking for the silences and what it not said, it also supports the application of an intersectional feminist approach, as I discussed in section 4.1.2. According to Braun and Clarke (2006), a series of questions form qualitative research. These include research questions, those questions used to generate data such as interviews, and the questions that guide how data is coded and analysed. It is advised that analysts should guard against just carrying out a very descriptive surface analysis, or losing themselves in detailed and rich data at the expense of considering the wider implications, ultimately failing to “carry out a true analysis” (Bryman, 2016, p.570). To enable a robust approach to the analysis, I used Bacchi’s (1999) WTPA to consider the themes that arose from the data and to interrogate the data itself. In analysing the data with the WTPA, it was my intention that this approach should also support confidence in the validity and transparency of the inquiry.

As Bacchi (Bacchi, 1999, p.1) explained, WTPA is “short-hand for what’s the problem represented to be”, describing the need to move our analysis of policies from one that tries to resolve problems, to one which understands policies are made up of “competing interpretations or representations of political issues”. This is also explained as two approaches to understanding policy analysis, one where there is a focus on how the problem solution is established, and the other where attention is on how the problem is represented (Bacchi, 1999). According to Bacchi (1999), it is necessary to analyse how the problem is represented, as suggested solutions to identified problems are driven by the involvement of political actors who decide what the problem is defined to be. That is,

any act of analysis or engagement of political actors imparts their interest and commitments into both the defining of the problem and the proposed solution, and at the core of WTPA is the understanding that the 'solution' and 'problem definition' cannot be separated and should be considered in their entirety (Bacchi, 1999). In challenging previous approaches to policy analysis, the WTPA refocuses on problem questioning rather than problem solving (Bacchi, 1999).

The basis of this approach lies in critical frame analysis, a development of the frame analysis proposed by Goffman (1986) as a method of structuring the meaning of reality. Bacchi's utilisation of Critical Frame Analysis serves as an approach to understand policies as "discursive constructs", in other words the frames are grounded in discourses (Verloo and Lombardo, 2007). Bacchi (2005) clarified that frame analysis should not be understood as defining the way in which the subjects of the frame would describe their reality, but rather as a methodology or a framework to analyse information. Bacchi (1999) sought to identify this discourse by the use of key questions to establish "what the problem is represented to be" and from this consider the various potential outcomes of the different possible representations of the problem. As Bacchi (1999, p.55) asks, "why do some constructions stick whilst others receive little attention?" The benefit of applying Bacchi's (1999) WTPA in this inquiry, is the attention it brought to the things that were left unsaid, highlighting their relevance for analysis alongside those things that are said.

Bacchi set out a series of questions to prompt and develop the WTPA in any selected area, although she is quick to remind readers to avoid analysing only single issues, as it denies the reality of the multiplicity and interconnections of various policy areas (1999, p.12).

**Questions to initiate a What's the Problem? Approach**

1. What is the problem represented to be in a specific policy or policy proposal?
2. What presuppositions or assumptions underlie this representation of the problem?
3. Identify binaries, key concepts and categories.
4. What effects are produced by this representation of the problem?
5. Consider the following kinds of effects: how subjects are constituted within this representation, the limits imposed on what can be said and lived effects.

Bacchi (1999, p.12)

#### **4.4.1 Trustworthiness**

One of the common critiques of qualitative research is that it lacks methodological rigour, although it is widely agreed that this is a hangover from the positivist epistemology (Koch and Harrington, 1998). Concern focuses on the lack of generalisability from in-depth studies of qualitative research, or that the studies can rarely be reproduced by other researchers as the qualitative methodologies are not seen as having the systematic and process driven approaches to research (Mills, 2014; Koch and Harrington, 1998). Elsewhere qualitative methods are seen to fail in effectively operationalising proposed models and theories and any subsequent recording of potential differences, and variation to other accounts (Mills, 2014). However, this is a critique stemming from the school of thought resulting from the philosophical underpinnings of positivist epistemologies, and as noted earlier, there is argument to suggest that the positivist approaches are flawed, particularly with regard to creating scientific objectivity and establishing absolute truths.

Validity is described as, “a process whereby the researcher earns the confidence of the reader that he or she has gotten it right” (Hesse-Biber and Leavy, 2011, p.48). The concept of trustworthiness replaces the positivist epistemological concerns to establish absolute truths (Hesse-Biber and Leavy, 2011). By ensuring that the inquiry demonstrates validity, the researcher is aiming for findings to be considered a sound and trustworthy explanation of the area of study, that their inquiry should be considered and attention paid to it (Lincoln and Guba, 1999; Hesse-Biber and Leavy, 2011).

According to Kvale and Brinkmann (2015), there are three criteria determining validity in qualitative research. The first is validity being established from a perception of the researcher’s moral integrity and credibility, and demonstrated in the quality of research that they have carried out (Kvale and Brinkmann, 2015). I have sought to demonstrate my integrity and credibility through my transparent account of the research task and data analysis. The second criterion is communication, in the researcher ensuring that interpretations and findings are available to the wider community for discussing and refutation (Kvale and Brinkmann, 2015). The final criteria, is the pragmatic application of knowledge in practice, developing the idea that one needs to go further than just communicate justification of the knowledge that is claimed via the research (Kvale and Brinkmann, 2015). As Kvale and Brinkmann (2015, p.292) state, “pragmatic validation rests on observations and interpretations, with a commitment to act on the interpretations”. They view this pragmatic approach to validity as offsetting the potential of the social constructionism epistemology to “circle around in endless interpretations” (Kvale and Brinkmann, 2015, p.292). In chapter seven I address this need to propose

application of knowledge in practice, by making suggestions for further research and indicating implications for practice.

Reliability is established by seeking internal and external consistency, alongside the criticality of the researcher (Hesse-Biber and Leavy, 2011). Internal consistency is found in the researcher questioning that data collated is reasonable, fits together, and has some consistency over time (Hesse-Biber and Leavy, 2011). Additionally, checking the generated data against other research findings enables consideration of external consistency (Hesse-Biber and Leavy, 2011). The findings of this study will be contextualised in the literature, considering where they agree, disagree or diverge from other research in the field. However, essential in establishing reliability is the researcher's application of criticality of the data generated, including insight, awareness, suspicions, and questions (Hesse-Biber and Leavy, 2011, p.53). As noted elsewhere, the application of reflexivity in research is essential and I would suggest this underpins criticality in the researcher, challenging one's own views to establish reliability.

As has been noted, there has been significant critique of qualitative research in its ability to offer robust and quality analysis from smaller samples. It is evident however that by using a number of mechanisms and considerations in the process of analysing data, there is much room for creating a rich and detailed analysis of data to discuss and consider alongside other literature. Using the data generated, I looked to uncover the meanings that women give to their experiences whilst maintaining closeness to their language. Whilst the process of analysing qualitative data does not need to imitate the procedures upheld by positivist epistemologies, it is also evident that the analyst needs to engage thoroughly with the data. I sought to achieve this by employing the phased approach of Braun and Clarke (2006) along with the application of Bacchi's (1999) WTPA.

The aim of this study is to understand the decisions made by women when seeking help and support, and ultimately the choices they make when doing this. In light of the research questions posed, I have set out the philosophical underpinnings of this research, broadly operating with the interpretivist paradigm, using subtle realist ontological assumptions and social constructionist epistemology. I have supported the application of an intersectional feminist approach by utilising the WTPA set out by Bacchi (1999). The approach to methods is informed not only by the philosophical underpinnings, but also by the ethical considerations of interviewing women who may be considered elsewhere as vulnerable. I utilised the six-phased approach to thematic analysis (Braun and Clarke, 2006), to avoid the commonly reported pitfalls of thematic analysis. Continuing to apply the WTPA framework (Bacchi, 1999) throughout this study has ensured a robust analysis



and interrogation of the generated data. Not only does this respond to the concerns levelled at a subtle realist approach, but has also put in place a method to observe and recognise the intersections of women's experiences.

## **5 Findings**

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This chapter sets out the findings that emerged from the analysis of the interviews held with eleven women at The Hana Centre. The key concern of this study is to understand from women experiencing multiple oppressions and support needs, the choices and decisions that they make when engaging with helping services. The findings are grouped in response to Bacchi's WTPA (1999) questions, illustrating a nuanced and complicated picture, and in the following chapter I argue that three broad themes emerge for discussion. As noted previously, the WTPA (Bacchi, 1999) approach was originally conceived to interrogate policy and understanding the problems that were being addressed therein, I used the framework of WTPA to ensure similar robustness in analysing the narratives of women involved in the interviews.

The findings demonstrate the lived effects and experiences of women involved in, or at risk of prostitution, are intersecting and complex. The dominant broad themes of lived experiences that emerged from the interviews included their children, housing and homelessness, relationships, rape and violence, drug and alcohol issues, mental health, immigration and various aspects of managing money. It was striking that grief and loss was experienced by all of the women involved.

Alongside women's reports of barriers to accessing help and support, there are comments on what was helpful. The reality of attending multiple appointments across a city is evident, alongside the impact of finding somewhere safe to sleep becoming a priority over everything else. Women reported helpful responses were found in the way they were met by staff in helping services. Elsewhere they talked about experiencing negative judgement by others, saying others looked down at them and that they were a low priority for services.

Throughout all of the interviews the women referred to a number of dominant ideas and concepts. All of the women shared difficult experiences in their childhood, frequently mentioning difficulties at school. Without doubt the most pervasive and dominant theme in the interviews was the role of their mothers, or themselves as a mother and wanting to do something positive for their children. Conversely to the language of need in policy and practice, women in this study referred to the things that happened to them, or times where

they had no choice or felt forced to do something. However, they were also many times when women spoke about decisions and choices they had made, whilst not all had a positive outcome there was a sense of the self and esteem evident in the action of making decisions. Two broad themes emerged from the women's comments on what they did or did not like about services, 'they don't really care' and "trust and belief people are going to help'. Emerging from these two themes is a clear picture of women deciding if staff care, they did this by considering the way they were met and listened to, by reading of body language, and the trust they invest staff to help them on the basis of caregivers actions.

Throughout the interviews women challenged and disagreed with either how they felt they had been framed or the way services behaved towards them. This included challenging judgements they felt others made of them, or by finding another keyworker, another service, another way through. In addition, there was voicing of wanting to prove to others "there is something good about me", and some women realising that they had a lot to give back to support other women.

One of the surprising elements of this study has been in looking for the silences, which is discussed in detail later in this and the following chapter. Actively looking for silences brought awareness to the various ways they appear, from not being able to put something into words, in the 'umms', 'ahhs' and gaps, or not answering questions. Silences also appeared where women seemed to 'gloss over' things, or where there was a clear voice for one story but comparably less so for another. Additionally, I note silences that may have occurred as a result of interview impact, or silences that I as an interviewer, may have created. I reflect on these silences at the end of this chapter, and give more thought to their potential causes and the impact they have on the overall findings. It is evident that considering silences brings greater detail to the findings of this study.

This study is underpinned by an intersectional feminist approach enacted through a thematic analysis framed by Bacchi's (1999) WTPA. This study contributes to the wider literature the application of WTPA enabling the intersecting problems and concerns to be heard, viewed and defined through the lens of women's voices and experiences rather than those constructed by political actors. It moves the starting point of analysis to those experiencing the challenges or 'problems', rather than reviewing data through policy constructions that result from the lens of political actors. In chapter four I discussed the complexity in applying intersectional approaches, and noted McCall's comments (2005) that the 'inter-categorical approach' to intersectionality requires scholars to find strategic

middle ground, where they avoid just applying social and politically constructed categories without undertaking unending deconstruction of analytical categories.

Women who agreed to be involved in the interviews were drawn from The Hana Centre. To receive support from The Hana Centre women had to have met some of the access criteria. Ultimately, this is a service which has a clear mission to support women involved, or at risk of involvement in prostitution. For The Hana Centre to ensure it focuses resources on supporting women who may be in this situation, there is a set of criteria that gives access to this service. This access criteria includes being currently or previously involved in prostitution. Alongside this, the other factors that create an environment where women may become involved in prostitution include homelessness, mental health concerns, criminal justice involvement, substance use, violent intimate relationships, and no recourse to public funds. It is the aim of The Hana Centre to consider women's holistic experiences and support needs in their entirety, however with limited resources they have to ensure their work meets the aims of their mission and focus support accordingly.

What this access criteria establishes, is the framing that has already taken place. Also acknowledging the values and views held in our society and its policy further frame women who access the service, for example about those using substances, involved in the criminal justice system and whose children are in the care of the local authority. As noted earlier, framing has occurred, in part, as a result of policy actors and how society respond to these experiences and concerns, and will have an impact on how women frame their own experience. It is also useful here to refer to the subtle realist ontological position of this enquiry, in which the constructions of realities between people generates knowledge, with the understanding that there is an external reality (Blaikie, 2007, p.17). The ontological position of this study acknowledges that there is a lived experience, which is felt and very real for the women involved in the interviews.

Funding constraints, frequently imposed by policy makers and commissioners of services, directs and limit the access through the constructs and framing of the service delivery model. In the models of service delivery one representation or experience can be hidden by another representation. For example I think back to the women who said to me "alcohol isn't my only problem", but it was primarily the issue that professionals had concerned themselves with after she crashed her car with alcohol in her system and children in the vehicle. In this situation she was represented as someone with an alcohol problem, rather than a women experiencing depression and significant domestic abuse,

and the services she was directed to via court coercion were there to respond to this framing rather than in a way that would have offered holistic support.

In meeting the access criteria at The Hana Centre, women would most likely be considered, or framed, as experiencing multiple and complex needs. It is useful to understand this framing in line with the concept of multiple and complex needs (as discussed in chapter two), where Rankin and Regan (2004a) defined it as, the “multiple interlocking problems...where the total represents more than the sum of the component parts”. For women accessing The Hana Centre, there is a reality of this definition of multiple and complex needs, whereby they experience one difficulty or set of circumstances affecting another, creating further challenges.

## **5.1 Presentation and context of the findings**

I shall return here to the application of WTPA as a method to analyse the data from my interviews with women and as a framework to present the findings. I have detailed in the previous chapter an outline of the WTPA and its application in this inquiry to frame the thematic analysis of the narratives. Here I briefly outline how the WTPA has been used to frame the presentation of the findings.

When undertaking the WTPA approach in framing the thematic analysis it became clear that moving the order of the WTPA questions (explained further below) helped make sense of the experiences of women, the dominant ideas that they referred back to, the effects of these experiences on access to helping services, and how they challenged or contested some of these dominant representations. In addition it seemed when applying Bacchi's (1999) 'problem questioning' directly to women's experiences, rather than its original intended application on policy, that a revised order reflected the way participants shared their stories and experiences, enabling a contextual background to recognise and notice silences in narratives. This presentation of the findings relies on how the women hear, receive and respond to the question, the impact of the interviewer, and finally the analysis and interpretation of the data to suggest where they are, and what they may mean.

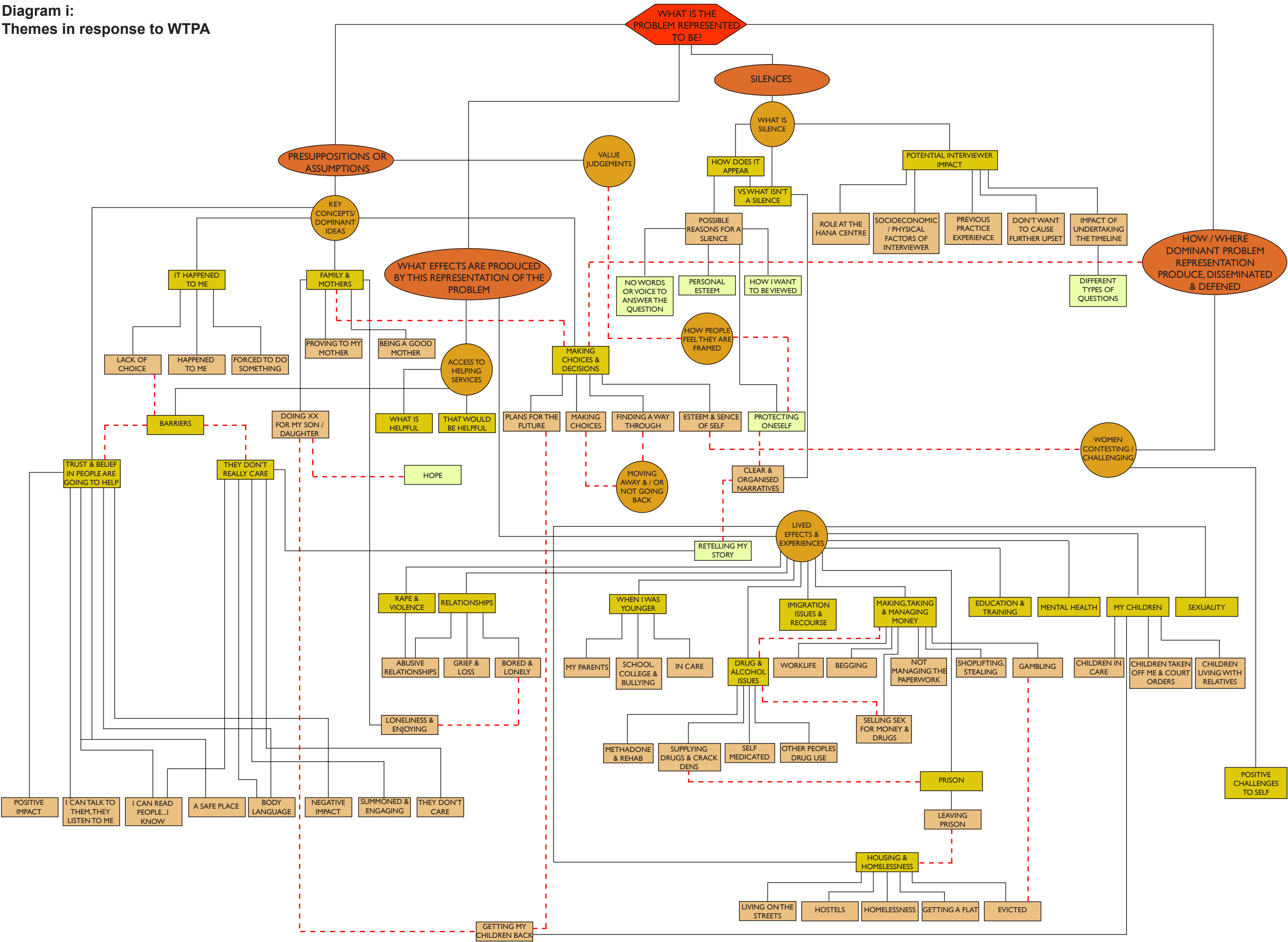
The initial question set out by Bacchi (1999) in her WTPA, “What is the problem represented to be in a specific policy or policy proposal?” will be addressed as part of the discussion chapter, as I note the connections and disconnections of policy literature with the experiences and understanding of women involved in this research. The WTPA

questions in this revised order are used as a method to report the findings following the outline illustrated over the page.

<b>Themes aligning to Bacchi's (1999) WTPA</b>	<b>Section numbers</b>
What effects are produced by this representation of the problem? <ul style="list-style-type: none"> <li>• Lived effects and experiences</li> <li>• Barriers that women have faced and experienced</li> <li>• Helpful responses or what would be helpful</li> </ul>	5.2 5.2.1 5.2.2 5.2.3
What pre-suppositions or assumptions underlie this representation of the problem? <ul style="list-style-type: none"> <li>• How women feel they are framed?</li> <li>• Key concepts and dominant ideas that women kept referring back to.</li> </ul>	5.3 5.3.1 5.3.2
How or where are dominant problem representations produced, disseminated and defended? <ul style="list-style-type: none"> <li>• What challenge do the women interviewed report?</li> </ul>	5.4 5.4.1
What is left unproblematic in this representation of the problem? <ul style="list-style-type: none"> <li>• Where are the silences and what do they look like?</li> <li>• Reflecting on silences and their potential causes?</li> </ul>	5.5 5.5.1 5.5.2

The diagram included on the next page illustrates the process I went through bringing the themes into an order that can be reported on, identified experiences at the intersections, and the interconnections between themes. I have used black solid lines to indicate clear connections and red dashed lines to bring attention to the interconnections. I have used a darker colour palate to indicate the main themes inline with the WTPA, with a lighter palate indicated sub-themes.

Diagram i:  
Themes in response to WTPA





### **5.1.1 Presenting numbers and text**

In order for the ease of reading, and addressing that this is an in-depth qualitative inquiry, I shall use the following comments when presenting the findings to illustrate who said what, the level of agreement or common position. Eleven women were involved in the interviews, and where I say most or the majority, I mean all but one or two of the women. If half of the interviewees make a common point, I will indicate it as such. Where there is disparity in opinion or experience, I will indicate this by setting out the various points that were made.

In presenting the findings I have used bold text to bring attention to the themes and sub-themes that arose, reflecting where possible the language used by the women involved in this study.

### **5.1.2 Vignettes**

To provide context here, I have included a brief overview of the experiences of the women involved in the interviews. In appendix one I have set out the vignettes accompanied by diagrams, outlining the intersecting experiences and history of the women involved in this study. Later in this chapter (see section 5.2.1) 'Diagram II: Lived effects and experiences—Intersections and interconnections', demonstrates the interconnecting and intersecting nature of the lived effects experienced by women involved in the interviews.

**Angela** is in her mid forties and has a history of drinking and using crack and heroin, with time spent in prison for drug related offences. One of her two children passed away in the last decade, and she talked about her feeling of loss and grief. She lives in a flat and has a support worker.

**Anne** is in her early forties, with one of her children living with her and another with its paternal grandparents. Anne's parents died when she was a child, her mother as a result of alcohol use and her father committed suicide. She left school at sixteen, and reported heroin use as a teenager. She was in a violent relationship with an ex-partner when social services became involved with concerns for her children. Anne has her own accommodation, and receives on-going support for anxiety and depression.

**Debbie** is in her mid forties and was diagnosed with schizophrenia in her twenties. She has been regularly using crack cocaine and cannabis since her late teens. She spent her childhood in foster care and was expelled from a number of schools. She has two adult children who she is in contact with, as children they were cared for by their fathers.

**Jane** came to the UK in her mid-twenties and has recourse to public funds. Prior to this she was married to a man she described as controlling and has a child from this relationship. Jane left her partner, moving in with her parents who she also describes as very controlling and she 'ran away' from. Her daughter remains in the care of her parents. More recently, her girlfriend physically abused her, and during this time her alcohol intake increased and she started using crack cocaine. Jane now lives in a hostel.

**Jasmine** is in her late thirties and was living in the family home. She had to leave as her brother was using heroin and cocaine and his behaviour became difficult to live with. She dropped out of school at sixteen as a result of bullying; she has experienced difficulties with her mental health and uses cannabis to manage this. She is currently living in a hostel.

**Judy** is in her late forties. She said her mother abandoned her when she was eleven and only came to the attention of social services when she was fifteen years old. She was placed in a children's home, where she was aware of physical and sexual abuse taking place. At fourteen she started using drugs and spent her late teens washing and selling cocaine. Judy has been in an abusive relationship, and her child was 'snatched' from her by the father. Since this time she has been using heroin intermittently, been in prison a number of times, and has been diagnosed with a personality disorder.

**Rachel** is in her late forties and in the past decade a number of her close friends and family have died. She has provided support to others experiencing difficulties. After working for twenty years at one company she was made redundant. She has experienced physical and mental health problems. Rachel struggled managing her bills and has since become homeless and is living in a hostel.

**Sandy** is in her late thirties. She said her mother abandoned her and her siblings to the care of her father when they were small children. She left home when she was sixteen and ended up in a hostel. She said she did not do well at school, returning to college later on to gain qualifications. She has had a number of jobs. Five years ago she started gambling, and this has resulted in her leaving her job, losing her home and finding herself homeless. She now sleeps on the streets or stays in hostels. Sandy has been diagnosed with OCD and depression.

**Storm** is in her late thirties and has no recourse to public funds. Her parents divorced when she was five years old as it became apparent that her father simultaneously had

another family. She said her father tried to kill her mother. She came to the UK in her mid-teens and has worked legally in the UK for nearly twenty years. She has since found out that she does not have all the papers needed and is now seeking asylum, in part due to the significant repercussions she would experience in her country of birth in response to her sexuality. She commented that she was raped when she was eighteen years old. Storm sleeps on the streets and is waiting for her asylum case to be heard.

**Tess** is in her mid twenties. Her parents had a violent relationship and split up when she was four years old. Following social services involvement, Tess lived with her mother and stepfather, who had an alcohol problem. Tess was mostly home-schooled and did not gain any qualifications, after this she went to college and gained a diploma. Whilst at college, Tess was introduced to heroin and crack. She met and moved in with a man who sold drugs over the Internet, he was very violent towards Tess. Tess has been referred to a number of services and has stayed at many hostels, during this time she has been exploited and threatened by other men who use the services.

**Tina** is in her early twenties. She was born in another country and as a child came with her mother to live in the UK after a family employee sexually abused her. Tina achieved some GCSE's, but was bullied at school, after which she attended work-based training. Tina started drinking and smoking during this time and her mother told her to either get a job or get married. Tina chose to enter an arranged marriage with a man from her country of birth, giving birth to a son shortly after. Tina's mother contacted social services, as she was concerned that Tina's husband was being violent to her and Tina was having difficulty looking after her child. Tina's mother now has custody of her child; Tina lives nearby and visits daily.

## **5.2 What effects are produced by this problem?**

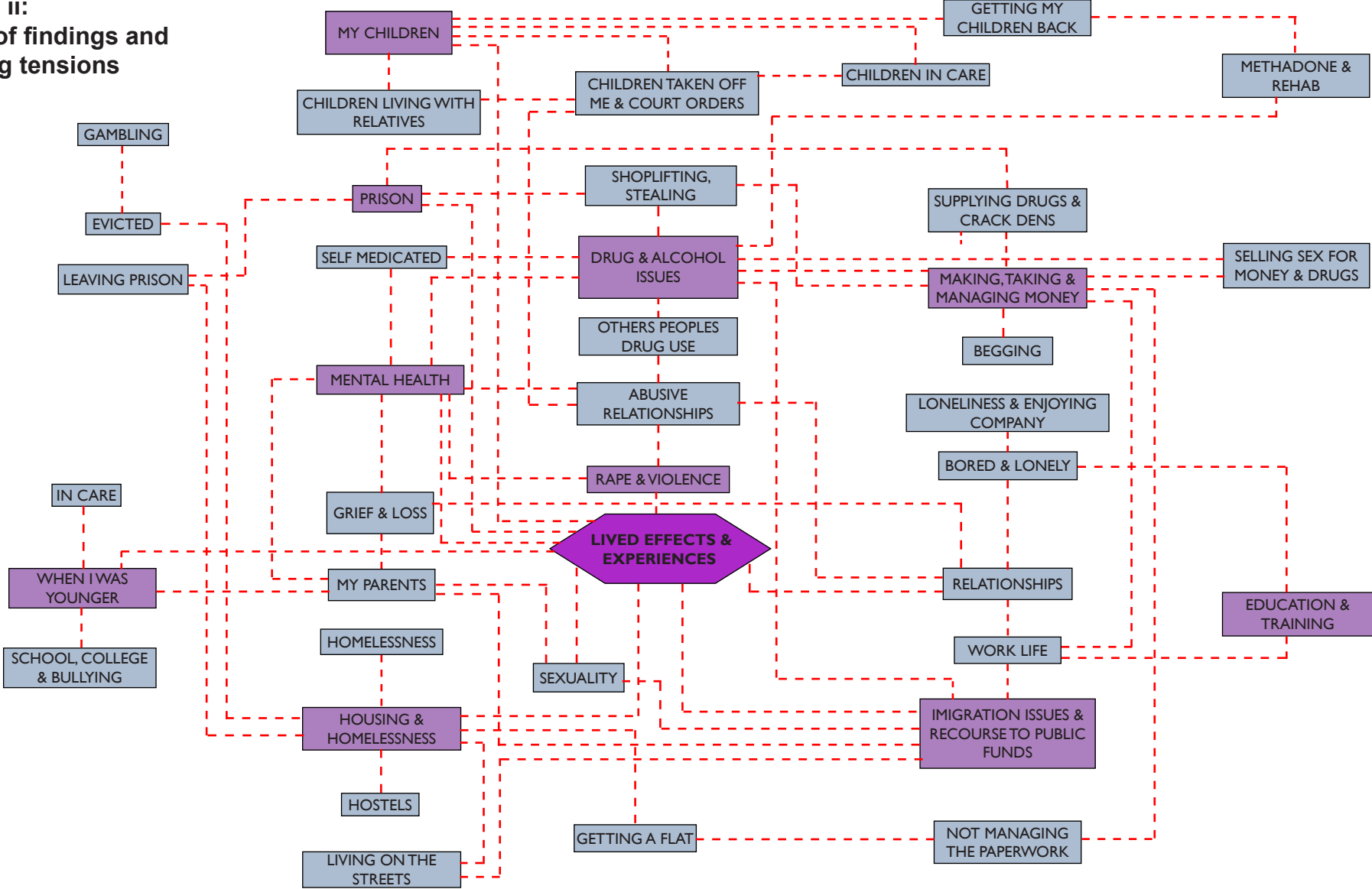
### **5.2.1 Lived effects and experiences**

I asked all of the women what brought them to use The Hana Centre, with the intention to enable women to tell me in their own terms about their experiences and potential support needs. As noted earlier, it was important that I did not frame the experiences and needs by applying a policy led approach to find out what the experiences may be, rather I let women frame their experiences in their own way. Below are details of the experiences reported by women, and later in the chapter I consider what is not said, the silences and potential interviewer impact.

When analysing the data there were clear themes of lived effects and experiences reported by the women involved. I will present these here, in a list of dominant themes (Table II Dominant themes: women's experiences and lived effects), as it enables the reader to understand the breadth of experiences. Additionally, on the following page there is a diagram (Diagram II: Lived effects and experiences – Intersections and interconnections) presenting the findings on lived effects that are reported by the women involved in the interview, demonstrating the interconnections and intersecting nature of their experiences. This diagram aims to attend to the reality of women's stories, how the effects, experiences, support needs and on-going challenges are not in isolation and must be considered as an interconnecting and intersecting picture.

Table II: Dominant themes-women's experiences and lived effects		
i.	My Children	<ul style="list-style-type: none"> <li>• Children removed from their care</li> <li>• Relatives caring for children</li> <li>• Returned to their care</li> </ul>
ii.	Housing and homelessness	<ul style="list-style-type: none"> <li>• Evicted</li> <li>• Homelessness</li> <li>• Living on the street</li> <li>• Hostels</li> <li>• Getting a flat</li> </ul>
iii.	Relationships	<ul style="list-style-type: none"> <li>• Abusive relationships</li> <li>• Bored and lonely</li> <li>• Grief and loss</li> <li>• Sexuality</li> </ul>
iv.	Rape and violence	
v.	Drug and alcohol issues	<ul style="list-style-type: none"> <li>• Self-medication</li> <li>• Other peoples drug use</li> <li>• Methadone and rehab</li> <li>• Selling drugs</li> </ul>
vi.	Mental health	
vii.	Immigration and no recourse to public funds	
viii.	Making, taking and managing money	<ul style="list-style-type: none"> <li>• Work life</li> <li>• Managing the paperwork</li> <li>• Gambling</li> <li>• Leaving prison</li> <li>• Begging</li> <li>• Shoplifting, stealing...</li> <li>• Selling sex for money, drugs...</li> </ul>

Diagram ii:  
Review of findings and  
emerging tensions



### **(i) My Children**

All of the women interviewed who had children described either being in a long process with social services to regain custody, or children being cared for by other family members, and in one case knowing where her child was. Where women did have children, it permeated the interview and they frequently returned to discuss their children or experiences they had in trying to regain custody or rebuild relationships. This will be discussed further, as a dominant idea that emerged during the thematic analysis was 'Families and Mothers'.

Some of the women talked about having their **children removed from their care by social services**, whilst experiencing significant mental health difficulties, substance use and very violent domestic abuse.

"My son was taken off me, and my little girl was took into care...I was in such an abusive, abusive domestic violence relationship. I was just such a broken person." (Anne)

A number of the women reported that their **relatives were looking after their children**, and had varying degrees of contact with them as a result. From not knowing where their children were, through to living in close vicinity and having regular contact.

"I don't know how the hell I got into it, but he, he was crazy he shot at me and everything...he tortured me... like proper nutter...proper crazy...he took my son in the end, he snatched my son... just before his first birthday. And I haven't seen my son since..." (Judy)

A couple of the women talked about their experience of demonstrating to social services that their children could be **returned to their care**. Women voiced their experiences of engaging in the process often referring to a 'fight' or to 'proving' that they could do it, and this language is returned to later on in this chapter. Anne commented, that while she felt she did not experience any negativity, she found the experience of sitting in meetings with up to thirteen other professionals talking about her very difficult, commenting that she frequently was "just dying inside for somebody to please, please, please, just say something good". Debbie echoed this experience and talked about feeling bombarded with a high number of appointments whilst simultaneously feeling very lonely. This theme of loneliness will be returned to, as women report loneliness amongst a profusion of activity and appointments they were required to engage with.

## **(ii) Housing and homelessness**

Housing was a major concern experienced by all the women, they shared their experiences of being evicted, being homeless with the associated experiences of living on the streets, accessing hostels, and getting and managing to keep their own flat.

The experience of being **evicted** from accommodation was a common theme, and in the main this was a result of rent arrears. Elsewhere, difficult relationships and other people's behaviour had led to women seeking safety by leaving their accommodation.

“...rent arrears just got on top of me...I got evicted from my flat...he threw me out, so that's when I became homeless, that night. I had nowhere to go.” (Sandy)

Some women talked broadly about their experience of being **homeless**, from their struggles of accessing accommodation, to the vulnerability that it causes through desperation to get somewhere stay. Judy sums up her experience and views on being homeless after a period of time in prison,

“Come out of jail you've got no where to go, you end up here, or you end up back in jail, because you've got nowhere to go....and in the end I got sleeping with somebody or got in somewhere which isn't good for them and putting up with things they shouldn't put up with for a place to stay, sleeping with some old man that's 70 because they've got nowhere to go...” (Judy)

Where women **had been living on the streets**, they talked about the challenge of trying to focus on anything other than where they were sleeping that night. Women said that they were sleeping rough as a result of either not being able to access hostel accommodation, feeling that they could not stick to the rules of hostels, or that they did not feel safe in their previous situation. Additionally, Storm commented on how unsafe it is sleeping on the streets saying that she had been attacked and was severely hurt, she commented “it's not safe...you never close your eyes out there”.

Women frequently commented on overly strict rules about times when they could or had to be in the **hostel**, and the difficulties experienced when they had to be out of the hostel all day. Issues around safety and concerns about the behaviour of other residents were frequently raised, alongside the overall experience of the environment of the hostel. Tina

in particular commented on how she struggled with the cleanliness, or lack thereof, in the hostels. Elsewhere Jane comments about how much she likes the cleanliness of her current hostel compared with previous experiences of hostel accommodation. Additionally, Jane said she appreciated the rules that were in place in the better hostel, as this appeared to improve cleanliness, safety and created a much calmer space.

All of the women **wanted a home** for which they held the key for the front door, with some indicating how they felt that this would give them stability to enable them to improve other areas of their lives. However, women who had their own accommodation reported the challenges that accompanied this, including managing bills and getting repairs attended to. Elsewhere one of the women talked about being evicted because she had been struggling at the time and found managing the paperwork difficult.

Additionally women talked about not wanting to return to areas where they felt their difficulties started, but the only way to get support with housing was to return to the relevant borough or geographical location from which they have a connection.

“Everyone is just trying to get me to go back to Enfield and I just don’t want to go back to Enfield...too much negative things have happened there so...That’s where my mental health started, that’s where I started gambling.... That’s where I lost my place... umm so yeah... I don’t want to go back, I’d rather be on the streets literally I really would.”

(Sandy)

### **(iii) Relationships**

Along with conversations about their children, relationships were frequently talked about throughout the interviews. These mostly referred to partners, but also referred to friends and family members. Women talked a lot about abusive relationships, along with their experiences of grief and loss. Amongst discussion around difficult relationships that women experienced, was the sense of loneliness and boredom which many faced. There was frequent commentary making links between their relationships and substance use, which will be commented on again in this chapter. One of the women reported how her mother arranged her marriage to a man that she did not previously know when she was eighteen years old.



A common theme amongst the women was discussion around being **lonely or bored**. It was particularly notable in the interviews where women who talked in detail about their involvement in extensive appointments and meetings as part of safeguarding procedures around their children commented how lonely they felt during this time.

“Was just used to having my kids around me and all of a sudden I was a single person again and umm I had a lot to do, because when you go to court you’ve got so much to do... .. you’re bombarded with appointments... you know.... I really had a lot to do I was very busy, but very lonely.”  
(Debbie)

Angela said after moving into her own flat in a new area that she wants to find out what else she can do, saying that she wants to “do something with myself instead of sitting down in my house being bored or drinking”. Jane commented on the challenge of filling the hours when hostels are closed in the daytime.

Permeating throughout the interviews was the experience of **grief and loss**, experiences spanning from childhood (also discussed in the dominant idea - When I was younger) through to adulthood.

“ ...and he died next year, when my son died I used to be.... I had a temper but I just felt anger against the damn world ... I was just thinking why me, what have I done? I must be cursed or something.” (Angela)

Anne talked about losing both her parents at a young age and the long-term impact of this, she said her mum died as a result of alcohol use and her father committed suicide. Rachel talked about losing her sister, her mother and then a friend in short succession, after which she said she started to experience difficulties in her life.

The overriding common experience amongst the women involved in the interviews was their experience of having been in **abusive relationships**. Women talked about staying or leaving relationships because they considered the needs of their children as a priority. Jane said that, “I went through a lot of mental abuse with him...umm but because I had my daughter I stayed with him”.

A number of the women said that they were unsure how they had found themselves in relationships with violent men and women. Judy commented, “I don’t know how the hell I

got into it” as she retold the experience of living with her ex-partner who she described as “crazy he shot at me and everything...he tortured me... like proper nutter...proper crazy”.

Anne and Jane describe their experiences of sustained violence in their relationships;

“That’s when it all started...the beatings, the heroin, finding out that he just got out of jail for twenty-five years for four armed robberies, which I never knew about until. No one would tell me about them because he was so afraid. He was a nasty, nasty person.” (Anne)

“I didn’t know that she was a crack addict and heroin addict, a strong drinker, mental health, shoplifter, criminal records coming out of her ears... I moved in with her and in the beginning it was all right, but after the first week, she head-butted me and hit me. I never hit her back and I realised shit I’ve made a mistake with this girl. She’s very clever, very manipulative and knows how to make me feel sorry for her and draw me back in, so I kept going back and forth, back and forth, back and forth, then she beat me up again, back and forth... I cant even tell you how many times that girl has hit me.” (Jane)

A couple of the women interviewed mentioned their **sexuality**. One woman reported that she had experienced homophobia, which had led to further difficulties in her life. Much of the homophobia she reported linked to the culture in her country of origin, she told me that this had an impact on the way her family treated her and was a key reason that she could not return to the country where she was born. Jane commented that, “well I think I did have those tendencies all my life but umm didn’t because of my family and all that stuff”. Where as Storm comments, “you can understand in my culture...umm its taboo, to be lesbian, it absolutely against everything”.

#### **(iv) Rape and Violence**

Alongside the frequent references throughout the interviews to the violence that women experienced within relationships, they also shared experiences of rape and violence. Additionally there were a number of things that were not said, and this shall be discussed further later on in this chapter.

Half of the women told me that they had been raped, with one of the women telling me that she had been gang raped. Although women did not dwell on this experience in the interviews, some mentioned the impact that this had had on them in the long term including experiencing 'flashbacks'. Judy said that she had become pregnant as a result of being raped by a man that she loosely defined as being in a relationship with, although later qualifies this by saying; "It wasn't even a relationship to be truthful he just used to kidnap me and rape me".

Throughout the interviews were many reports to the violence experienced while living on the streets, in hostels and in relationships. Tess talked about a man that stabbed her and how one of the services she was involved in undertook safeguarding procedures and involved the police; "he was really scaring me and threatening me and umm said he had a gun...umm they did get the police involved actually which I didn't really want them to 'cause I was too scared of him but he had a gun apparently".

#### **(v) Drug and alcohol issues**

Substance use frequently featured in the interviews with women, either talking about their own use, other people's use or their recovery and rehabilitation experiences. Women reported a mixture of current and previous use, including crack, heroin, alcohol and cannabis. Two of the younger women interviewed reported using a mixture ketamine, ecstasy, and mephedrone along with alcohol. Judy commented that she first sipped other people's methadone when she was fourteen years old.

A couple of the women said that they had '**self-medicated**' with alcohol or drugs to manage difficult times. In Anne's case she said her current struggles with her emotions and anxiety are because she "self-medicated myself from when I was a very young age with heroin". Others said that their drug or alcohol use increased after or during a particular life event. Angela commented that drinking "helped me cope with being on the streets". Tina reported that her alcohol use increased steadily after her son was taken into the care of the local authority.

Intertwined with stories of their own substance use, is that of **others people's use** and the impact that this has had on them. For many women, this related to the drug and alcohol use of people that they were in relationships with, frequently associated with abusive relationships. One woman, talked about her brother's substance use and how it

made it untenable for her to stay in the same house with him. Some of the women they knew only wanted to know them if it supported their drug use. Tess comments on how she moved from smoking heroin to injecting, by a man she knew teaching her how to inject, she says it was 'sly' of him when she looks back. There are things that are not being said here by Tess, and I assumed she was noting that moving to injecting from smoking would have increased her use and this may have been beneficial for the man involved. This point is echoed by Jane, who comments that people you know on the streets are not your friends unless they have something to gain from you; "they're not your friends anyway, unless you've got pay day...especially crack heads, they'll do anything, and I've been conned and robbed".

The women involved in the interviews had varying views about **methadone and rehabilitation**, some reported that a methadone script has enabled them to stay off using heroin, others thought methadone is terrible. There are mixed reports about rehabilitation services and experiences; one of the women has been referred to a complex needs service which she suggests is because of mental health difficulties, Judy said she was sent to a twelve-step residential when she had clearly stated she did not want to go to a twelve-step project, she said she was sent back after nine days for not complying with the programme; "...they couldn't handle me".

Debbie talked about how she found attending a court ordered drug rehabilitation programme helpful in slowing down her drug use, as she had something to do with her day rather than, "sitting there thinking about drugs, drugs, drugs at least during the day time". Rachel is hoping for a three-month cognitive behavioural therapy residential programme, although it is not clear why, but seems to feel that going away to assess things would be helpful, although again it appears that some things are not being said;

"...because if I do it, it's going to be residential....be in an environment where things are catered for, you have one to ones, you have groups... umm might be a good time to do it"  
(Rachel)

In addition to using substances, a couple of the women talked about their involvement **selling drugs**, their flat being taken over as a crack den, and Tess talked about her boyfriends 'drug empire'. Tess commented that the constant availability of drugs lying around the house was problematic as her drug use increased as a result. Judy told me about a number of episodes from her past where she had sold drugs, most of which

ended in prison sentences. She said, “I used to go to coke parties and wash up coke for people, used to tend to sell what, whatever little bit I got, I sold more than I took”.

#### **(vi) Mental health**

All of the women reported experiencing mental health difficulties; their experiences were conveyed in different levels of detail, whether alluding to experiences or detailing psychotic episodes and suicidal ideation. It was evident for many that their mental health remained a current concern, impacting them on a daily basis.

Anne talked about how she struggled with her emotions and anxiety, and that a psychologist visits her at home every other week to support her with this. Jasmine talked about how depression led to her feeling frightened to leave the house. Recalling her experience being referred to the complex needs services, Tess said that “they also thought I was severely anorexic, which was actually true at the time”.

Debbie talked about having a number of inpatient episodes, including under section of the Mental Health Act 1983 (c.20). Debbie talked about the voices she heard resulting from the psychosis she experienced, this was supposed to be managed by regular depot injections and the inpatient hospital stays were often a result of her not taking the prescribed medication.

Judy said that she had been diagnosed with a personality disorder.

“...I am really up and I go down as well, very fast I go up and down, very fast ... so you know, much better than I was, because before I was very, very angry, very angry as well, very angry for what happened, I was really angry, and I got more and more angry...and I don’t want to be nasty and malicious, I did say I’ve got a personality disorder...” (Judy)

Rachel also talked about experiencing a psychotic episode, which she described as part of a ‘breakdown’.

#### **(vii) Immigration and no recourse to public funds**

Three of the women interviewed had spent their childhood in countries outside the UK and EU, and Storm had experienced complications with her visa leading her to have no

recourse to public funds. Storm had lived and worked in the UK for around twenty years, during which time she reports being legitimately employed, paying taxes and national insurance. She told me that she now sleeps on the streets and is awaiting the outcome to her case; she reports her frustrations about this experience and her lack of access to services.

“I had my hearing on a Monday the judge kindly told me he was going on vacation so that’s going to delay my case. Where am I now? On the street. I have to wait another month or two for a decision. Where am I? On the street. I know in my mind, I’m thinking if I get kicked and die out there so I’m saying... you’re just left to fend for yourself.” (Storm)

#### **(vii) Making, taking and managing money**

Another substantial theme that emerged from the analysis of lived effects and experiences was ‘money’, these ranged from experiences of employment, struggles with managing bills through to trying to make money via other sources. Whilst all of the experiences clearly intersect, this theme is evident in the effect it has across the breadth of women’s lives, leading some women to be homeless and unable to buy food.

A number of women talk about the **jobs** they have held; a couple of the women have had long-term roles that lasted over two decades. Elsewhere there were reports of significant periods of employment and one can assume a breadth of skills to enable this. Additionally, there are reports of trying to keep a job as something more challenging, related to being on the ‘straight and narrow’. Women reported having been employed in a range of roles including a nursery nurse for a local council, retail positions, customer service, cleaning, IT training and secretarial.

In addition to women talking about how they were evicted from accommodation due to rent arrears, the **challenge of managing money and associated paperwork** is discussed. A couple of women said they had help from support workers managing bills, benefits, and interactions with landlords. Rachel reported on-going difficulties with managing paperwork and her benefits, “but I haven’t been dealing with things like, like I have an appointment now....as a result, paperwork again unopened, I got debts, my DLA...my DLA is in a mess”.

Sandy reported how **gambling** had led to her being in financial difficulties and, ultimately, homeless. She decided that not having a salary would reduce her income and ability to gamble, this resulted in her giving up her job. Sandy told me that she continues to gamble when she has money and was staying in a backpackers hostel as she recently won some money.

A couple of the women said that they had spent time in **prison** following drug related offences; whilst they commented little on this experience, they had more to say about what happened once they had been released from prison. Judy commented about the cut to her benefits and how she struggled financially when she left prison. This led to her finding other ways to raise funds, which involved shoplifting; this saw her return to prison. There are also comments, recorded in the section referring to experiences related to housing, about how difficult it is to access accommodation after being in prison.

A number of the women alluded to, or said that they went **begging**. The women report their involvement initially stemmed as a way to pay for drugs or alcohol. Jane notes that she struggles to admit that she begs. Tess describes being taken out to beg by another man and not getting to keep all the money she made, demonstrating the potential for exploitation.

“I just thought he enjoyed my company I was that naïve... I think he probably did a bit cause he was lonely and I used to chat a lot but he wanted more and he wanted my money, so he used to take me....he was the one who introduced me to begging really, he used to take me out and put me on the other side of the road, so he used to watch me and see if people were giving me loads of money and then he used to say you better not be hiding your money away from me.”  
(Tess)

**Shoplifting** was another method of making money that the women reported. Jane said that after a period of being ‘on the straight and narrow’ she started to meet up with people who were using heroin and soon started using again, shortly after which she was shoplifting to support her drug use. Tess also reported shoplifting and said she spent every penny on drugs. Judy, said she started shoplifting as a way to survive after her benefits were reduced when she was released from prison.

Some of the women talked about having **sex for money or drugs**. Elsewhere women mention staying with men so they can get accommodation. This will be further discussed in a later section of this chapter, focusing on the silences and what is not said.

“Umm well I have sex for drugs, umm I get income support at the moment, I’m only getting £24.48 every two weeks income support...umm I have friends come round, friends give me, I have sex for drugs...Yeah I’m used to it now... Its nice when umm my friends come and treat me and I don’t have to do anything.” (Debbie)

Judy talks about the vulnerability of women when they are left homeless. She said that when women have nowhere to go;

“...in the end I got sleeping with somebody or got in somewhere which isn’t good for them and putting up with things they shouldn’t put up with for a place to stay, sleeping with some old man that’s seventy because they’ve got nowhere to go...it’s a dirty old pervert but that’s their house and that’s how they pay their rent.” (Judy)

Tina talked about being ‘a working girl’ because she was desperate for money. She said she was introduced to it by a girl who lived in the hostel as a quick way of making money. Tina said that when she was involved in prostitution;

“...I used to get in the wrong vibe and come back drunk and on these things and just be sick and not be myself... when I say be sick I mean mentally and couldn’t concentrate on anything. I was sleeping in the day... I sleep in the day anyway but, I just won’t get up for the whole day, the only time I get up is when I am working again... So I’d just be...what’s the word... drowsy...that’s not what I’m looking for... umm yeah not drowsy I’m sorry, no it drains your energy.” (Tina)

Anne talked about her involvement in prostitution, and said she used to pretend that she was going to have sex with men and then run off with their money. She said that two of her friends were murdered;



“Megan and Tracey they two were murdered...they thought they get in to that car and you never get back out again, and that’s petrifies me to think of it.” (Anne)

For some women **access to education and training** was important, however when you link previous poor experience of schooling their current want to undertake education and training is particularly noteworthy. Later in this chapter the dominant theme ‘plans for the future’ will be revisited, in which discussion around training and future employment is noted. For example, Angela is hoping to do a basic computer course with a view to get a part-time job; she said, “I really want to turn my life around”.

### **5.2.2 Barriers women have experienced**

There were a number of barriers that the women felt were preventing them from accessing or using services. These ranged from simply not being aware of any provision that was available to them, to services closing or courses coming to an end, through to not feeling safe in certain provision and environments. Women also reported difficulties adhering to rules that they felt were far too restrictive, and also noted how living on the streets was all encompassing limiting their ability to do much else apart from worry where they were going to sleep that night.

Women talked about going to services and **not getting the help they wanted or felt would help**. There are many reports of finding services were full or not being able to accommodate, particularly in reference to housing or hostel accommodation. Jane said she spoke to a number of shelter places and everywhere was full; “the refuge was full, the council will get back to you in eight or something weeks”. Additional to this was a sense that the services were unable to help, Angela commented that, “they haven’t got the facilities they don’t know anybody, they can make a few phone calls for you but they never really helped anybody that I know”.

Storm brought attention to the stark limitations of having no recourse to public funds, she commented “when you’ve got no recourse to public funds, as you know, you’ve got access to nothing, nothing”.

Women did not just talk about the lack of availability of services, but also the way that staff responded to them. There was a comment by Anne about the time when she was trying

to leave her very violent partner and approached the manager of a women-only day centre for help;

“She dissed me...she didn’t want to know...I just, I felt as if you’re meant to be there to support women. She was saying to me that she’s there to support people that come in for showers and mostly drug addiction and she doesn’t really deal with domestic violence.” (Anne)

I got a very real sense of frustration as the women talked about having to go to a number of services to get support. Frequently they reported barriers to accessing further support located in the way that staff in services responded to them and what they could offer in terms of support.

Some women commented that they were sad some **services had come to an end**. On a couple of occasions this was due to provision closing following funding cuts, in others the support was time limited. It is notable that in these experiences women had found something helpful, but they did not comment on what happened next or what was offered in terms of onward support, highlighting the gaps in helping provision. Debbie explained that:

“I used to like going to the addictions service I was quite sad when it came to an end, once you’ve done the course, you’ve done the course... basically they do the same course every six months... there is nothing more they can really offer you cause it’s the same thing just repeating itself, so that’s why umm after a while they tell you that you have to stop... well after six months you can’t keep going back there you know.” (Debbie)

Tina told me about how much she missed a young parents’ group that she enjoyed attending, and said that it closed down because its funding came to an end.

There are clear examples from Angela and Jane about the **challenges of turning up for appointments, and the implications of not attending**. Angela was required to attend appointments with probation, but did not feel that they offered her anything. Failure to attend an appointment with probation would return her to prison.

“Sometimes I used to turn up there and it was like “hi how are you and how you feeling, here’s your next appointment”

and that was it....although I was homeless my probation officer didn't do nothing all she kept saying was probation hasn't got the resources to provide you with housing or accommodate you with housing, there's nothing I can do but make sure you turn up for your next appointment or I'll breach you." (Angela)

Jane reports how she struggled on a drug rehabilitation programme aimed at supporting her back to work, she said she had to attend multiple appointments across different parts of the city, but she just stopped going as there were so many other things going on in her life to manage or think about.

"They are very good, err but I lasted about 10 days, I couldn't do it any more...because they give you so much to do that you couldn't, can't even breath... it's like 3 appointments a day...I was like on the bus here there here there, every day and eventually I was just.... Cause my mentally I was in a bad way, from my domestic violence and my drinking and my drugs and everything I was just a mess ... my head was like a washing machine on spin... you've got to try and concentrate, go to art lesson then go to ... this alcohol talk then go to.... And everything is different parts of the city you know, you've got to go from there to there to there." (Jane)

Tess talked about an aftercare and recovery service she was attending which told her not to return after she missed appointments. Tess said, "they got angry, they actually sent me an angry message saying oh I've tried, you're not going to do it, so you're just going to have to not come".

Storm told me about a service offering accommodation to women who have no recourse to public funds, however the only way that she could access the service was to physically turn up on the doorstep at 4pm. However the project is quite a distance away from the city centre, in the suburban outreaches. She explains that the only way to get there if you have no money is to walk, which takes a long time, then if you get there and there is no space you have to walk back, by which time services in the city centre that help those that are street homeless are closed and she misses out on having something to eat. She says, "You've got no food. You've got no recourse, you've got no penny to your name... how does that make sense?"

Jane also voiced the challenge of **accessing support when living on the streets**, whereby the focus was in solving the immediate problem of where to sleep rather than the causes of the circumstances. She commented that, “your head is just not focused enough to concentrate on other things, cause you’re always worried what about tonight”.

There were a number of comments from women about times when they **didn’t feel comfortable at a service**, Jane talked about attending group-work sessions that were dominated by one women’s conversation and that the keyworkers at the service appearing rushed. Jane said she attended this service only four times and then decided to leave as a result;

“I always felt that the keyworkers there were in such a rush, like meet you, boom, boom, in out, no they...I don’t know I just didn’t feel comfortable there I didn’t like it.” (Jane)

Judy comments about the court ordered drug rehabilitation requirements, and notes how difficult it is to be around others who are going to use drugs at the end of the session. She also notes that because of the potential to be breached and returned to custody, she felt impeded in her ability to be honest and engage fully in getting help. She commented;

“They wanted me to go up and see the drug thing up the road and I said I don’t want to go up there, I walked past and they were like look what we got Judy, duh duh duh, you know what I mean... even if you don’t want to score they’re like oh yeah I’ll give you a bit...” (Judy)

This also demonstrates the additional challenge of trying to make changes in your life in an environment that is not particularly supportive. Tess echoes Judy’s comment, saying that she avoided going to places because of other service users, she said;

“I didn’t like going to the Brixton Road project every time because there is too many bad associates for me up there...they all hang out outside just waiting for each other.” (Tess)

Tess also commented on attending services where she said people just, “kind of sit around and they look round very unfriendly at each”. Throughout the interviews women talked positively about where they felt safe suggesting there are times when they felt safe in certain services, alongside clear comments on when they felt unsafe because of the environment or because the staff were not paying enough attention to what was happening.

Also there were significant barriers in **attending services in certain geographical area**, this is particularly an issue for health and housing services, where a local connection is required to access support. Sandy talks about how she chose not to go to a mental health appointment because it was in a geographical area that because of past experiences she wanted to avoid, she said “I just didn’t turn up... just couldn’t do it”.

### **5.2.3 Access to helping services – helpful responses or what would be helpful**

#### **(i) Helpful responses**

Helpful responses women had received from services frequently related to practical and tangible things that had been provided to them. A dominant theme, building on this idea of helpful responses, and will be discussed later in this chapter, is that of “trust and belief people are going to do something”. This was at the core of the women’s narratives around helpful responses. These narratives read alongside the barriers experienced by women and one of the other dominant themes “they don’t really care”, makes for a striking comparison of what is regarded as a positive experience.

Frequently women commented on either people **taking the time to listen**, or that they were listened to, and that this would be respected and kept confidential. They said this support was offered no matter what had happened or what a person had done. These opinions are underlined when read alongside other comments made by women about the times when they felt rushed by support workers or feeling that people were not listening to them.

Angela explained that she thought someone who could listen was;

“Someone I can unload and tell them how I really feel about  
what’s going on in my life and in confidence and know that it  
wouldn’t be gossiped about...” (Angela)

Additionally, she said that knowing that people will get on the phone and help and support you was essential, so positively commented on services where people would listen to you “no matter what”.

Anne also commented on the experience of knowing that she knew when someone was there to listen and with whom she safely shared her emotions, and that was considerate to the fact that she may be having a difficult day. Anne said, “they’re not going to turn you

away, even though somebody might be having a bad day, they will sit with you through it all". Judy also commented on this idea of the benefit of having somewhere she knew she could come back to, "if you get back in trouble, well you can come back here and they'll help you again". Additionally, Jasmine said that she appreciated the service because of the "relaxed atmosphere and understanding, it's just the patience, just the patience that the staff have here with you was just, I haven't found it really anywhere else".

Both Rachel and Angela commented on how helpful it was to be **told about services they didn't know existed**. Angela said, "they actually did point me in the direction of going to this alcohol group...I didn't know the place that they pointed me, I didn't even know it existed"

As noted above, the one thing where women could clearly comment on when they felt they had been helped frequently related to having **tangible evidence for something having happened**. Practical help included accessing grants to buy things for a new home and the practical management of shopping, bills and moving into a new home, accessing education and training, and staff attending court appearances with women.

Angela talks about her key worker applying to a charity to help pay for items for her new flat. She was also helped with the shopping which she found really helpful as a way to manage the money and consider about what she needed. Debbie also talked about a key worker having been helpful because she got her some bedding and kitchen equipment to help furnish a new flat. Judy comments further about the practical nature of help detailed in the quote below, the interesting point in this sentence is when she refers to getting what **she needs**.

"I actually, you see something happening like you get housed or there is somebody there for you, or you get the clothes you need... you get what you need. I'm not saying you don't have to do no work for it but you get what you need, they are helpful." (Judy)

Storm takes this commentary about practical help a step further; she said that when she came to the door of the service the staff said they could not just leave her destitute. Storm comments that she was overwhelmed with what she saw as kindness, "because that's exactly what I was, at the moment there is nowhere for me to turn".

Angela also talked about the support her key worker had given her in accessing a computer course;

“...she’s been really supportive like, she met me there she came with me, saying if that place isn’t suitable don’t give up...you know we can go on to the computer and look for other centers and things like that.” (Angela)

Support workers attending appointments with women, was positively commented about throughout the interviews. As Storm summed up;

“Megan came with me to my court case, on Monday... She volunteered, you know she said to me can I send a statement, a witness statement about you? And I said are you sure? No, no, I want to, so she did. Then she asked to come.... I said you don’t have to and she said, then she offered to pay... so, that’s someone who cares; she didn’t have to do all of that.” (Storm)

There appeared to be a very real sense of appreciation of the support when staff accompanied women to appointments or meetings, or helped them manage some of the very practical elements of life. The women involved in the interviews saw this as staff going over and above their usual expectations, and it clearly had a profound effect on the women who were receiving this support.

Alongside the practical and tangible help, was that people did what they said they were going to do and that someone was **‘fighting their corner’**. Following on from Storms comments about people going over and above what she felt they had to do, and attending the court appointment with her, Anne made similar observations saying that she knew that support staff were ‘fighting her corner’ and that knowing this helped her trust them.

“I knew that they were fighting my corner to get me girl and son back as a family...they were always honest with me, they knew and they made me know that this is your last chance. So I knew they were always honest and open with me and I think that’s what gave me the trust in them.” (Anne)

This idea of support staff fighting their corner links into the dominant theme of “trust and belief that people are going to do things” and this will be discussed in more detail later in this chapter.

One of the other areas of positive comments, relating somewhat to practical and tangible help is the commentary around, **therapies, art and craft session and being provided food**. The service in which I was carrying out the interviews provides a range of alternative therapies, arts and crafts activities and freshly cooked food, alongside the one-to-one key worker appointments and counselling. Debbie talked very enthusiastically about the reflexology and massage sessions that she attended; this was particularly notable when compared to the interview with Debbie as a whole. Judy commented on the craft activities that she could get involved in at the service where the interview was held, she said;

“...it’s good therapy, where you loose a couple of hours like painting or things, yeah its good therapy. Its good for the soul, any art is, if you’re reading, writing it’s very good...”

(Judy)

Elsewhere in the interviews there was enthusiasm for the craft activities that take away boredom and loneliness for a period of time and offer a chance to meet with other women, to hear that they are not alone.

The value of a **safe place** or a feeling of safety is in direct comparison to the comments about not feeling safe as a barrier to accessing services. This theme emerged from the comments about the physical and pleasantness of the environment, the people being friendly, and something that Tess refers to as ‘personal engagement’.

“You can go in there and its kind of like your own space where you can just freely move round and sit there and actually just chill out and just spend time there sitting down, and you’ve got the food and yeah people are friendly there basically...all the personal engagement is really good because it just makes you feel like a person... and I think it actually probably helps you makes you feel safe as well because... like people are seeing each other as individuals”

(Tess)

Compared to some of the complaints from women that some hostels were too strict in their rules, which acted as a barrier to engaging with services, Jane comments on the strictness of her current hostel being beneficial. Although the strictness of rules appear to be about different things; where women were unhappy it appeared to relate not only to the hours of access and curfews put in place by the hostel, but also to how they felt hostel staff responded to them. Whereas other women had commented on not feeling safe in



some hostels and this led to them leaving. Jane says that the hostel she is now staying in is very nice,

“...we call it the Ritz of hostels...its just really nice and clean and its much stricter than other hostels, which I think is a good thing.” (Jane)

This is equated with no overnight visitors, a curfew for guests, a good standard of cleanliness supported by rules about where food can be kept. She further clarifies, “It’s just a really nice hostel, the key workers are lovely, it’s immaculately clean, they have cleaners every day”. A calm, clean and safe space is one that is positively commented upon by the majority of the women involved in the interviews.

#### **(ii) What would be helpful?**

There were clear views from women involved in the interviews about what would be helpful in terms of services. However when analysing the data relating to what women view would be helpful, there appeared to be a struggle to say things, with gaps and umm’s and ah’s frequently peppering the conversation. This will be commented on in more detail later in this chapter when addressing silences, however it is worth noting that some of the most striking episodes of silences were evident when women talked about what they liked and what would be helpful to them. Where they did have a view and something to say on this matter they fell into a number of areas; including a preference for women only, homely and welcoming spaces, services that support you no matter where you live, services connecting together and understanding the breadth of helping provision available.

There were a number of comments about preferring a **women only space** and conversely feeling unsafe amongst male dominated services, particularly referenced were hostels and substance use services. Judy commented that she thought, “men have got a way of just dominating things, even if they are doing it in a gentlemanly way or whatever way they just want to dominate and rule things”. She said this dominating behaviour of men stopped women “from being so free in what they say, they tend to be judged, or some people have got real problems and just go into themselves”.

The want for a homely atmosphere aligns with comments about the value of a safe place that is noted in in the earlier section considering helpful responses. The idea of a homely atmosphere also appears opposite to comments made by women about hostels with their strict hours where people have to leave early in the morning and can not return to the evening at a fixed time, their atmosphere, staff engagement with women, and poor

cleanliness. Sandy commented that she thought it would be good to have an organisation like The Hana Centre with accommodation attached.

“...somewhere to shelter half the day, maybe I’d open up the house a bit as well, stay in the house... yeah its open for half the day, you can come shower, wash your clothes, eat, relax for a bit, mingle with people, chat if you need to... make phone calls...” (Sandy)

A recurrent theme in the interviews was women having to go back to areas where they had local connections, in particular for housing support. This was noted earlier as presenting a barrier to accessing help and support, and also created a challenge for women living in a city where different geographical areas are managed by different authorities. This caused significant challenge when they had to go to services they were required to access and then being unable to access certain services they wanted to attend, as they had no local connection. It was seen as important by a couple of the women that there was accommodation or services that did not require people to have local connections.

As noted in an earlier theme, the women talked frequently about the how they were **heard, met and listened to**. Jane comments that, “the welcome is quite important...made to feel at ease, because most times when you go and get help you’re nervous already cause of your situation and you’re scared because of the situation”. She adds that it is important to be made to feel comfortable and that she is confident that what she shares remains confidential. Tina commented on The Hana Centre:

“It was lovely, it was so welcoming, I just didn’t have to worry it was like... everyone was just so friendly and so lovely and I say in a genuine way. That’s why with all the staff here everyone says hello to me and stuff, they remember me and my you know personality just like that. I’m just like no one would do that unless they genuinely mean it, that’s the difference that’s why you know.” (Tina)

A number of the women commented on how it was important that the staff were genuine in their behaviour towards them, this was clarified as being remembered, being asked how they were and their answer being listened to. The welcome women received when accessing services was seen as very important, along with the sense of being met and listened to in a genuine manner.

Finding out about services was frequently commented on, women were pleased to be **directed to support that they were unaware was available**. Rachel makes some specific comments about this, she talks about how there is so much out there it would be really helpful if a booklet or something similar could be compiled to help her navigate the support.

“I think a lot of people don’t really know about a lot of the services that are out there..... So when you go to a place should there not be a list of things that you’re given to say look these are options you can try and get help from... you go to all these places and you pick up these leaflets because you’re drowned by information, it would be so nice if you had some kind of comprehensive booklet ... there are so many places out there, so much help but a lot of people don’t know about it, it would be so much better if it could be simplified”  
(Rachel)

Storm particularly references support for people that are homeless, creating records and a place where those who have no place to store papers and so forth can keep their details safe and connect agencies to support them.

### **5.3 What pre-suppositions or assumptions underlie this representation of the problem?**

#### **5.3.1 How women feel they are framed**

Women talked frequently about how they felt they were viewed, or in other words, judged by others. These were primarily feelings that were in response to the ways they felt their family and friends responded to them, or stemming from their experiences interacting with services. In some cases the feelings of being framed stemmed from how they felt they were treated by wider society.

When reading through the transcripts about the way women felt that they were viewed, there is an overwhelming feeling of being looked down on by others, being labelled as a ‘junky’ or always being thought of as ‘liars’. The framing women experience is far from positive, and appears to be hugely damaging to enable the development of self-esteem or a sense of personal value or worth. Whilst there is little positive in how women think they

are viewed by others, they do begin to challenge some of the ideas. I have noted Angela's comments below asking people to not be so quick to judge, however there is a fuller discussion about how women challenge these views and dominant ideas in section 5.4.

All of the women commented on how they felt that **others looked down at them**. Angela set this out quite clearly when talking about her experience when living on the streets, she said that people were throwing rubbish over her, laughing at her and she felt ridiculed. Angela went on to comment that;

“There is a lot of women out there, and like some of them you see on the street it not just drugs, it makes me so sick when people tarnish people with the same brush. If you see a woman down the street yeah and she might be acting a bit loopy or she might be under the influence of drugs or shouting to herself why don't you stop and think about what that person has been through to make them like, it could be domestic abuse, could be sexual abuse....they weren't born like that. And they didn't say when they was at school that when I grow up I want to be a drug addict or homeless. Don't be so quick to judge and tarnish people...” (Angela)

Sandy commented on how she felt that she was talked to frequently like a child, she restated that “I'm an adult, I'm not a child... “. Tess also comments that she was scared when accessing help, she thought that she would be judged and be told off, she said, “I thought they would be like why have you done this you stupid girl.” Jane commented on some helping services where she said that the staff were “rude, horrible people” and this is because they treated her like “you're a piece of shit”.

Those that have had a history of using **drugs or alcohol referred to the framing that they felt in relation to their use or previous use**. Jane commented that she found it better going to Narcotics Anonymous (NA) rather than Alcoholics Anonymous (AA), she said “I think that AA look down on you if you have had drugs with drinking”.

Debbie commented on how her children talked about her, calling her a 'junky'. Debbie said, “they kept saying you're a junky, you're a junky....why don't you do something about it....and I tried”. Tess also talked about being labelled a junky by her peers and how this affected her reputation and what people thought of her.

Sometime after she stopped drinking Angela said that her family would always think that she was drunk if she fell asleep or tripped down a kerb.

“You know they never think that I can do anything naturally.... If I tell them I haven’t had a drink they don’t believe me... they actually say your going to be dead soon, that’s what they actually say to me, you will be dead soon, the next funeral we’re going to go to is yours.” (Angela)

Anne echoed this view that women thought others viewed them as **liars**. Anne was talking about a social worker that was one of many she had worked with. Mostly Anne was very positive about the involvement of social workers in her and her child’s life, however she said, “when I was being honest with her it was as if I was getting that vibe that she thought I was lying”.

Elsewhere women talk about feeling that they have been viewed as **aggressive, mad or crazy**. Angela said that she felt she struggled getting help accessing accommodation as she was seen as aggressive. Anne said that she felt ashamed that people might think she was mad or crazy, and this prevented her from seeking help with the depression she experienced.

As noted earlier, for some women the way their **sexuality had been framed as problematic** had impacted significantly on how they had lived their lives. Storm said that her sexuality was considered as a taboo, and this was a constant thread throughout the interview.

“You can understand in my culture, its taboo, to be lesbian. It’s absolutely against everything...a lot of black people keep their sexuality a secret, a lot, cause its still taboo, it’s looked down upon.” (Storm)

Returning to Storm, she spent much of the interviews **framing herself as different to the ‘other women’** who access The Hana Centre. She saw her journey to needing support from services as very different, due to her having no access to public funds as a result of her visa situation. She commented that other women make choices, incurring greater difficulties in their lives, whereas she has no choices due to her immigration situation leaving her sleeping on the streets.

“I don’t quite fit in, and I don’t want to sound pompous or anything...some women here have got real like serious problems, obviously I don’t.” (Storm)

She was the only person, amongst all the women, who sought to view herself in a situation that was outside her control, whilst framing other women who accessed The Hana Centre as having active roles in their circumstances.

Elsewhere, there was a feeling of being viewed as **low priority** for services to respond to. Sandy commented that, “if you’re single homeless person, I mean come on.... we’re definitely not priority and everyone knows that”. Judy builds on this and says that women are not a priority for services, because, “women don’t kick off as much, or scream so much, you just leave them like that”. In her view services are based around men, and that the only way to get a better response from services is to go in as a couple.

### **5.3.2 Key concepts and dominant ideas**

There were a significant number of dominant ideas and concepts that the women kept referring to through all of the interviews. These fall into six broad key concepts;

- When I was younger,
- Families and mothers,
- ...it happened to me,
- They don’t really care,
- Trust and belief that people will help
- Making decisions and choices.

#### **Dominant idea: When I was younger**

All of the women interviewed shared their experiences of when they were younger; these fell into themes of talking about their parents, experience in care of social services, and their schooling. All had experienced difficulties in their childhood in varying degrees.

Some of the women talked about living in noisy large households. Anne explained that it was like her mother; “didn’t care if you were in or when you did come in so I was sleeping on floors, do you know like just anywhere I could put my head down”. Jasmine said that when she was growing up there were nine of them in the house; she said that there was constant noise along with many tensions.

A number of the women talked about being '**kicked out**' of home or leaving home when they were younger. Sandy said she left home with her sister and moved to London when she was sixteen years old, as her dad was very strict and it was a very stressful time. Tina said that her mother 'kicked out' of her home when she found her drinking in the house.

A number of the women talked about how they **started using drugs when they were younger**, further discussion about the use of substances as a feature in individuals teenage years and adult lives was evident throughout majority of the interviews.

"I was using heroin to start off with when I was about fourteen, I knew people that had got drugs and I used to sip their methadone" (Judy)

Many of the women talked about their **parents passing away or abandoning them** when they were children. Anne talked about losing her mum when she was very young, she said her mother died as a result of her alcohol use and her father committed suicide. One of the women I interviewed said that she had always been in care as far as she remembered. Sandy told me how her mother had "just dumped" her and her sister on her fathers doorstep, her mother was "going through some trouble, mental health problems and stuff". Judy's mother emigrated when she was twelve years old without telling her; "she boarded up the house, and I came back and she wasn't there...easy as that".

There were also a number of occasions where women reported **witnessing domestic violence as children**. Storm commented that her parents divorced when she was six years old as they found out he had another family, with children similar ages to her. She also commented, " ... um and plus he tried to kill my mum". Tess talks about the violence in her family;

"My mum and biological dad we lived together for about four years from birth, they used to beat each other up though, and he used to beat me up as well...she accused him of trying to kill me." (Tess)

The women frequently mentioned **difficulties at school**. Both Debbie and Sandy talked about being expelled or suspended due to their behaviour at school. Sandy said she was always getting into trouble and was frequently suspended for fighting. Debbie explained that she was expelled from three schools, saying "I was just an attention seeker

I didn't get attention in the children's home and then the foster parents....I wasn't very good at school".

Both Jasmine and Tina also mentioned being **bullied** at school. Jasmine said the bullying she experienced by other girls at her school led to her 'bunking off' and then eventually she stopped going to school. Tina commented on her low GCSE grades were a result of the bullying she experienced from junior to secondary school.

Anne remembered how she just left school at twelve years old and her mum paid no attention to this, and authorities didn't follow it up. Tess said she was home-schooled, as her parents were very nervous about local authority interventions so sought to avoid their involvement. Tess commented that her and her brother really did want to go to school.

### **Dominant idea: Families and mothers**

The most pervasive and dominant theme in the interviews was the role of mothers. This dominant idea was presented in a number of ways; my mother, either proving myself to my mother or my family, or doing something positive for my children.

The impact of **women's mothers** was evident throughout the interviews, and it is particularly notable that none of the women talked about their fathers, apart from mentioning them in limited factual manner or as a note in history.

Judy commented that her mother was 'horrible' and that her mother had failed. Jasmine also had limited positive things to say about her mother and was glad to be 'free of her', but was clear that she did not want to upset her mother. Jasmine said, "I don't want her upset, wondering where I am and things like that". Jane commented on how, "my mum, my dad and I have never really got on anyway but I'm more close to my mum", she noted how she dislikes the controlling behaviour of her father

Tina comments on her mother not approving of her friends. Tess' mother has had a significant impact in her access to helping services; she said her mother stopped her going to drug services for years. She explains that her mother is, "paranoid about services and things like that now, because of all the stuff that happened when we were young... she feels paranoid like".



Where women did have children, it was striking that their **children provided the main motivation to seek change in their lives**. Anne talks about the realising when her children were two years old that a 'light bulb' came on and she realised that she had to make changes to her life, she said, "I was like, this is the wakeup call". Anne reflected that it was her children, rather than the fact that she had 'died four times', that made her realise things had to change. Angela's son set out an ultimatum that has led her to want to prove friends and family that she can make the changes. Angela explained that her son said, "go back to drugs, drink and prison and don't talk to him again", she commented, "I really want to prove to my son and the rest of my family I'm not just the black sheep of the family". Similarly Debbie commented on her children; "they kept saying you're a junky, you're a junky....why don't you do something about it....and umm I tried".

Jane stated that getting her daughter back keeps her focused to not use drugs and alcohol. Jane said that,

"...my long term dream...to get my daughter back and be a good mum, it's not too late, well she's ten now, it's still going to, it's still bad but yeah, I've got to start somewhere..."

(Jane)

Many of the women interviewed cited poor relationships with their mothers, frequently stemming from childhood. However, it is notable that a number of the women were not only citing their children as a motivator for changing their lives, but on a number of occasions **women cited a need to prove something to their mothers, or wider family or build relations again**. Angela comments on how friends and family assume that she is drunk when asleep or if she trips over, but she challenges this by saying she wants to prove that she is no longer the 'black sheep' of the family. Jasmine is waiting for a flat with a supported housing provider; she hopes that once this is in place she can focus on having a relationship with her family again. Tess commented on how important it is to have the support of friends and family, to have someone that believes in her.

"I'm actually quite lucky because now I get on with my family again I have a family but a lot of people don't even have family or friends and they just feel like no one believes in them and I've felt like that before." (Tess)

In contrast to frequent reference to families, there are a number of comments about **experiencing loneliness or seeking company**. Angela has moved to a new flat, she said that she does not know anyone where she lives and has sought support from her key

worker to help her find out if there are any women's centres in the area. For Jasmine, the option of getting a flat quickly by having to move to an area she did not know left her deciding she would rather go to a hostel and stay local. Jasmine reflected; "I suppose I could have had a fresh start somewhere else, but I wanted to stay in the city where I know people and stuff".

Other women talked about how they liked mixing with other people, Debbie commented on the activities that were put on by the project she attended. She said how much she enjoyed meeting others and doing something different; "it was really nice, it just made a change". Both Jane and Jasmine said that they liked to meet and hear from other women who had been in a similar situation, they said it made them feel not as lonely or think that they were the only one in that situation.

"Hearing what people have been through, is it worse than you or...the same as you...and you don't feel so lonely"  
(Jane)

"Yeah it was really nice to meet other women that have been through worse than me, as well you know...just to let me know that I wasn't the only one." (Jasmine)

### **Dominant ideas: ...it happened to me**

Throughout the interviews women told me of things that had happened to them, or times where they had no choice or felt forced to do something. Frequently these were very difficult experiences, they often involved their children, access to housing, and drug use. It was not that the women were suggesting a lack of engagement or involvement in what had occurred; it was just the telling of the fact that this had happened to them.

This dominant idea was conveyed in three ways; the telling that something happened to them, that they had been forced to do something, and that they had no choice.

There was very much a sense, when reviewing the transcripts, of this notion of things **happening to them**. As I have commented above, this is not a discussion or consideration about lack of agency or otherwise, but more that there was a narrative of things happening. In part this alludes to a lack of choice or being forced to do something, but also that in some way it was allowed to happen. I have included a few quotes below to demonstrate this.

“...and in the end my house got overtook by these people and everybody used to come round for a smoke and then it got raided and they put all the blame on me because it was my house and I was the one that ended up going to prison” (Angela)

“I shouldn’t be ashamed because I never asked to be a heroin addict, I never asked to be an alcoholic, I never chose, you’re just given that card.” (Anne)

“Normally I just do something because I wanted to do it, I wouldn’t do something because someone else was doing it, and by that point it’s like I lost direction in life, I just like, it’s like I didn’t know my own mind anymore.” (Jasmine)

“...the relationship broke down, had to move out of the property, then I had to make myself personally bankrupt. This all happened, it was blah, blah, blah, then my mother was diagnosed with...my grandmother died then my mother was diagnosed with cancer, had a major op....” (Rachel)

Then there was also significant commentary about times where women felt that they had a **lack of choice**. Anne and Debbie talked about court orders that left their children in care of relatives or their fathers; they explicitly told me this was not their choice. Jane talked about how a previous partner prohibited her from inviting friends into her house. Sandy and Storm talked about the lack of choice they had in terms of their housing options. Storm commented that the only option she was given for housing was a place that she would not recommend to anyone; she said she had no choice. Sandy makes further comment on the limited choices available,

“...they left me no option, you either go back on the streets or leave... go to the place that we’re telling you to go to.” (Sandy)

Beyond the experience of there being a lack of choice, was the language of being **forced to do something**. Anne and Judy comment about how they were forced to do things by abusive partners. Anne said that as soon as her daughter was born her partner beat her

up and made her go back to work. Judy commented that the man she had been in a relationship with had raped and kidnapped her.

On a number of occasions, women talked about how they felt they had been forced to do something by social services, housing provision and so forth. Anne said that she had to go into rehab to prove that she wanted a better life. Judy said that she had been forced to take methadone to keep her accommodation. She also commented on being pushed into services by probation or through a court order, "they've been pushing me into services and services they've found for me are like the Carnaby Centre which is totally shit". Sandy also talked about being forced to go to another hostel,

"All of a sudden I'm top of the list and they need to get rid of me out of the building and you know they pushed me on to this place, that was in Harrow ...how they expected me to get from Harrow to my job every day of the week I do not know and they forced me and they pushed me and I said I can't do this, this is too much for me, and they just ended up bullying me out the door basically." (Sandy)

### **Dominant idea: Making choices and decisions**

Conversely to the dominant theme of "...it happened to me", there were many times where women told me about types of decisions and choices they had made. Not all decisions and choices led to positive outcomes, but overall there was a sense of the self and ones esteem bound up in the action of making decisions. Alongside the act of making decisions from choices offered, there were stories about how women had found a way through difficult situations and their plans for the future.

Anne talked about the **decisions she made** during her involvement in the Family Drug and Alcohol Court. She said, "I had to make a decision of staying with a violent partner or leaving him to get my children back". Jane talked about the decision she made leaving an abusive partner, she said "I eventually get to the stage I just phoned my dad one day and I said come fetch me that's it... boom, I decided in like a couple of hours".

Other women talked about the decisions that they made in getting help. Rachel commented, "I went to the hospital last April, I went myself because I thought something's not right, I'm going to do something...and the crisis team were immediately got on me". Storm talked about the decisions she made in not accepting the help offered as she felt it

would not be a positive move for her, “I chose to be on the streets, rather than be sent to Glasgow, I don’t know anyone there”.

Sandy made a significant decision in an attempt to manage her gambling, where she thought it would be better to reduce the amount of money that she had available to her by leaving her job; “so I figured if I’ve got less money to play with then I’ll be better”.

Storm made consistent comments throughout the interview that she felt the other women who accessed the services were making choices. She was the only woman to present this position, and it appears it is another way of saying that she has not made these choices, which could be seen as a way to distance herself from other women. Storm felt that comparably she had no choices available to her as she had no recourse to public funds and was frustrated that the other women she saw at helping services were choosing to do things that made their situation worse.

“Do you think it’s choice for me to stay off the stuff? Isn’t that a choice? If I can do it and I’ve been out there a very long time, I last seen my mum when I was seventeen... my brother beat me up when he found me here... I’ve been mugged, I’ve been gang raped... I made a choice, why can’t they? ... .. but like I say it’s not my place to talk about anybody else, I can talk about how I feel, how, what I want for me, what I’ve worked for so” (Storm)

Throughout the interviews there were times when **women presented positive images of themselves, their personal esteem and a sense of self**. These statements are a contrast to those where the women presented how they feel that they had been viewed.

Jane commented on how coming into The Hana Centre everyday to have a shower and get her washing done was really important in retaining her sense of self, “even though I was homeless I tried to stay clean and my clothes clean”.

Jasmine talked about always trying to please people in the past, and “it was never good enough”. Later in the interview she commented, “I come to this conclusion point where I’m a lot mentally stronger...where I know my sense of self-worth”. Judy described elements of self-worth, by feeling better when she was “in charge of my own thing”. In relation to her sexuality, Storm commented how she could not go back and live with her mother, “I’m used to being how I want to be; I don’t need to hide”.

Anne told me that she had been involved with a number of services, primarily as a result of child protection procedures under the auspices of the Family Drug and Alcohol Court. She notably had the most positive things to say about herself, after a difficult journey she found a positive outcome. She talks about wanting to support other women, "I think I've got a lot to give back. I've got a lot to share". She goes on to clarify, "I'm not that person anymore...do you know what and I'm a lot more wiser, to what's going on about me". She looks back to her time attending many appointments and having a lot to do during her involvement with social services, she commented that she was unsure how she got through it, "but I got through it, I got through it". Anne presents her involvement in this process and successful outcome regaining custody of her child as one for which she is very proud, and she talked with great animation about how the services responded to her; "they were so proud of me, do you know...they even asked me on many occasions to give back as a volunteer". She summed up how she wanted to be independent and strong, as she viewed her sisters to be, she said, "I don't rely on no man, if I've got to get up and get food for the table, I do it myself".

Throughout the interviews there was a significant sense of how people were **moving forward and not going back**. Anne talks further about her journey;

"I had to jump through a lot of hoops and everything do you know, to get her back, and she's been back for two and a half years. And umm I still struggle with my demons and thinking like I had to leave my home, I had to leave everything behind but I made sure I was safe and my kids were safe." (Anne)

This sense of moving forward, or running away, was also evident when Jane talked about what had happened after she left her abusive partner and she had asked her father to come and collect her. After which she said,

"I lived with my parents for a while...I ran to England, when I got to England I didn't know quite what I was going to do or... I just wanted to be on my own and find myself again."  
(Jane)

After Jane arrived in England she has kept moving, although she has been settled in her current location for sometime and is making plans for her daughter to join her.

Jasmine indicates how she tried to find a way forward by staying in a night shelter and that she does not want to go back.

“I knew I didn’t have to end up going back to my mums house as long as I followed the rules in there, I wouldn’t be thrown out to end up on the street or have to go back to my mum.” (Jasmine)

Jane presents the sense of moving forward in relation to achieving her goals. Jane said that with the keyworker at The Hana Centre she talked about creating weekly targets that she worked towards achieving. Within this theme of movement, there was also a clear sense of women talking about **finding a way through** situations or circumstances. Jane talks about her arrival in England and how in the first two years she was continually moving and barely surviving, but she says “I always managed to find something to get me through it”.

Some women talked about how they found ways through services to get a preferred outcome for themselves. Although Rachel talks about how difficult it was finding a way through the various government and benefit systems, she commented on watching how the key workers who were helping her also struggled to find their way through the system.

Anne talked about trying to stop using heroin as part of her journey in regaining custody of her children, she commented;

“You just can’t get off, do you know, no matter what and it just seems to drag you back...Some days I would have to go and get my hair strands, and blood tests. I had appointments here there; I had so many things going on in a day. I don’t know how I got through it but I got through it, I got through it.”  
(Anne)

The majority of the women had **plans for the future** that seemed to be accompanied by sense of hope. It is notable that for many of the women, their plans for their future focused on their relationship with their children. Whilst this theme clearly emerged from the data, there is also a strong overlap with the dominant theme of mothers, and the want to do something positive for their children.

However, a number of the women talked about accessing training with the end goal of getting a job. Tina said, “I am going to do higher courses to make myself even better...

that's my plan". Angela said, "Maybe I could get a part time job...I really want to turn my life around". Elsewhere hope for the future was linked to getting accommodation secured. Tina commented again, "I'm working towards getting my own place now... so I'm right now I'm in a good place and improving you know".

### **Dominant Idea: They don't really care**

It was notable that in comparison to how the women talked about their experiences, they struggled to find a voice or have a comment on what they did or did not like about helping services. I will review these potential silences and discuss in more detail later in this chapter. However, where they did have a voice to explain what they liked or did not like about helping services, it fell into two broad themes that related in the most part to the way they were met, talked to, heard and responded to.

The first of these two themes are, 'they don't really care', in which they shared experiences of feeling that they did not have access to the help and support they needed, how they felt or knew that people did or did not care by their body language. Additionally, women referred to how they were "summoned to engage with services", the language of summoning being one indicating little choice and a sense of something that happens to someone, rather than a consultative and partnership experience.

A number of the women commented on knowing when staff at services '**didn't really care**'. Storm commented about staff in a night shelter,

"...they volunteer....not 'cause they care but just to go on their CV, am I stupid? Of course not....The ones who care you can see, because of their behaviour..." (Storm)

Jane and Jasmine commented on how staff and volunteers at services either appeared that they could not be bothered, which could be understood as staff appearing to be in a rush. Jane said,

"I always felt that the keyworkers there were in such a rush, like meet you, boom, boom, in out...I don't know I just didn't feel comfortable there." (Jane)

Jasmine commented on how at many services she had to access, "you've got to be in and out...in and out...they've got to see you and then it's the next person". Jane also commented on how a support worker at a service completed the paperwork,



“...he looked so bored filling in the forms you know what I mean he just, didn’t give a shit if I was another night on the street or not...he couldn’t be bothered he basically wanted to get me through the paperwork and go...that’s how I felt...”  
(Jane)

Sandy said she felt that no one paid her any attention for two weeks, and then she had a meeting with a support worker,

“Then after that things slowly picked up.... then they bullied me out the door...it’s like they don’t really care, they don’t really, you’re just a number...” (Sandy)

The experience of **not having access** to services was represented in a number of ways. Jasmine explained that she was unaware of the available help and how she could access support that she knew existed, she commented, “I didn’t think that I was worthy of it”. She also voiced her frustration about a woman who kept promising her a sleeping bag, but never gave her one so she sought help from another keyworker who also told her about a night shelter she could access. Jasmine points out, “she could have told me about that”.

Rachel echo’s Jasmynes point when she said, “a lot of people don’t really know about a lot of the services that are out there”. She explained in took sometime for hostel staff to tell her about group that supports women. Elsewhere, Rachel makes suggestions for how the information is made more available and easy to access. She frequently mentioned during the interview, the challenges of finding out about what services are out there and managing to gain access to them.

Storm has no recourse to public funds, restricting her access to services. She comments that as she doesn’t use any substances and doesn’t identify herself as having some of the difficulties experienced by other women, there is limited help available to her.

“Someone like me, I don’t fit in any bracket, I’m really kind of like, on the periphery of everything. I’m not on drugs, drink, but someone like me, I don’t fit anywhere.” (Storm)

**Retelling ones story** was a prevalent experience that echoed throughout the interviews. The comment from Tess about undergoing assessments is particularly powerful as a way

of reflecting on her own journey. She mentions how when she first was assessed by services;

“At the time it seemed really long the initial assessment and it seemed really scary, some of the questions they were asking me like, oh like are you violent are you going to hurt someone, things like that, but it just and I laughed at a lot of the questions cause was like no I have never hurt anyone in my life... I’ve never been a violent person.” (Tess)

However, Tess reflected that,

“...some things came, became more relevant throughout the years to be honest...I remember like sometimes looking back on that first assessment thinking, oh I laughed at some of those questions, but some of them became relevant...” (Tess)

Jane also commented on the assessment,

“...it was just an assessment, well you know when you go the first time, it’s an assessment you’re asked what help your looking for, umm that kind of thing.... Your situation... yeah... how much you drink, how much you smoke, how much you this, how much that... blah, blah, blah...” (Jane)

A number of the women talked about feeling they were being rushed when going through these assessments. Jane compared her positive experience to being listened to at The Hana Centre to other services,

“Where they are just like rush, rush, rush, the whole story you know what I mean, like how many stories do they hear a day...I’m sure loads...” (Jane)

Jasmine also commented positively about her experience by comparing it to other services, “they didn’t make it seem like you got to just tell everything really quick so the next person can be seen”.

Jasmine also commented about being investigated by a worker, by which she was referring to an assessment, she talks about how she is asked a number of questions and feels that her honesty in response left her homeless. She also comments that the person carrying out the assessment, failed to follow through on her offer of supporting Jasmine to find out more on how to return to college.

“She goes oh are you pregnant, are you on this are you on that...and I was like no and I was getting upset what she was asking me these questions because I was thinking this don’t look good, I have to wonder what’s going to happen to me with these answers I’m giving her, telling her you know, telling her truthful, being as honest as possible and I said I want to go back to college umm you know I’m looking to go back to college and things like that, and she was like, oh would you like me to meet you there and that, so I thought all right then, so I goes ok, we’ll arrange a date to meet her, she didn’t turn up and then I got a letter soon afterwards saying umm oh you’re not vulnerable enough to stay in this hostel you’ll have to leave within fourteen days...and I just thought what?” (Jasmine)

Sandy talks about her experience of meeting with a social worker, she said she had already had an initial assessment and then she had a follow up meeting with another member of staff. Sandy said,

“I had a meeting with this girl and she was asking me questions that I’ve already answered in my assessment which should have, if she’d have read my assessment she’d have known that, and repeating herself and not listening to what I am saying.” (Sandy)

Storm also commented on how she chose not to respond to all the questions asked, particularly when she is asked why she is homeless.

“I’m tired of talking about it...I need one of these so I can record (pointing to the voice recorder)...Next time someone asks me what we’ll do is I’ll talk about it all leave the pauses here and there so I can add bits if I need to and when they say why are you homeless? There you go, let’s go and have a cigarette, back in a minute, you know what I mean.” (Storm)

Some of the women use the language ‘**summoned**’ and ‘**engaged**’ in their interviews. Much of this commentary reflected on how they felt that they had to turn up to appointments. The most overt experience of this was from Angela, who had to attend

probation appointments. She felt that her probation officer could do very little to support her improve her situation, but she was told, “make sure you turn up for your next appointment or I’ll breach you”. Anne also had to attend a significant number of appointments as part of child protection procedures, she said; “I had appointments here there, I had so many things going on in a day”.

Sandy commented on how when she was living in a hostel that, “you just got summoned to the office or something if they wanted to talk to you”. Later, Sandy also commented on how, “The only time I got...I was summoned was to fill out a housing benefit form that’s because they want to get their money... umm other than that they didn’t give a shit”. She commented that elsewhere she was evicted from services because she didn’t ‘engage’ with them or attend some of the meetings they were arranged as it was the last thing she wanted to do when she got in from work. Demonstrating engagement and being required to attend meetings without any obvious positive outcome, was clearly a point of frustration for many of the women.

The perception of others **body language** had a significant impact on women, they told me how they made decisions about whether they thought people cared or not, and if they would trust them. Anne commented on how she made decisions about trusting support workers and social workers, she said you could tell if they would help and support her by,

“The way like they used to speak to you like it’s just, like the vibe I used to get off her, do know, and when she would speak to me she’d never look me in the eye or just wee things like that.” (Anne)

Sandy said she knew that people didn’t care,

“...by their reactions, by them talking to me, just their whole demeanor, their body language their....What they said to me umm the way they go about it...” (Sandy)

Sandy gave an example of a support worker in a hostel,

“His whole attitude, he was very I’m the big I am. ‘This is my castle, do what I say or go’... that kind of thing. So I thought hang on a minute I know I’m homeless but that doesn’t mean to say I don’t have a voice. I’m 38 years of age and I’m not going to be spoken to like I’m a 12 year old... by nobody... I think because the thing with these organisations, including this one, you do get kind of spoken down to, in in a way

that's belittling. And I'm sure they don't do it on purpose, but they do it regardless you know, are humans and I am equal to you regardless of whether I am homeless or not and your no better than me just because you've got a house and a home and a car and a you know." (Sandy)

Jane said that she thinks that you **learn to read people** when you have been treated badly. Along with which, she said she had also learnt to put in place a 'trust barrier'. She explained this is the point where she decides she is going to trust someone, and that she finds this hard as in the past she frequently got this wrong. Jane said that what informed her decision about whether to trust someone was his or her body language (Jane really struggled to vocalise this feeling and this quote will also be discussed in the section looking at silences later on).

"The way...their body language...isn't it, body language I don't know...I can't put it in words... but it's just that feeling... of safety... hope... help... that you're going... that you're looking for..." (Jane)

Jane then went on to comment, that she thought people talked down to her because of the power of their role and they did this by their tone of voice, and their body language.

"Just little things like that basically I can pick up on...and umm that's probably why I avoid looking into people's eyes when I'm talking to them because I don't want to see what, I don't want to read what they are saying." (Jane)

Storm echoed this ability to read people, she said that "you learn to read people" from the way they behave towards you. Tina said she comes back to The Hana Centre as it is where she can "find peace, when the world is letting me down". She said that the behaviour of the staff helped her feel this.

"They are talking to me... smiling at me, asking how I am, how my son is...you know people on the street for example if they are a bad friend they only want to be there, umm be your friend until you can give them something they want otherwise they will just f off you know so...that's the difference, as I grew up I can see that once, before I couldn't tell the difference...now I am a bit wary of who I talk to." (Tina)

**Dominant idea: Trust and belief that people will help**

Another dominant theme that surfaced in relation to what women said about helping services was their “trust and belief that people will help”. Following on from the observations of body language in deciding to trust people, this was conveyed in a number of ways; I can talk to them, they listen, a safe place, and being pushed sometimes.

Staff in support services doing what they said they were going to do, was the key factor for women when they put their trust in them. As Angela said, “people that will go listen to you and do what they say they are going to do”. This was the antithesis of people not caring, and a number of women had stories of people not doing what they said they were going to do, but there were examples where support staff had followed through on what they had agreed. This was clearly very powerful for the women involved, and they would highlight this with examples, from booking a computer course and going with them, writing statements for court and attending, or talking to housing agencies until the damp problem in one women’s flat was resolved.

Anne said she put her trust in the social workers she was working with as she felt that they were honest with her. She understood that what they were telling her was true, and this encouraged her honesty with them. Anne said that,

“I knew that they were there to get me and my kids back together do you know. So then I knew I could be honest and not to be scared and open up and trust them.” (Anne)

Alongside the earlier remarks, about body language and how the women said they read people, were the comments around knowing when people were listening to them. That is, when they talked, they were listened to. Angela made an early comment of how she noticed when someone was “finally listening to me”, rather than seeing her as “drunk Angela”. There are things, Angela said, that are “all built in, you know held inside me, that’s why I like coming here because I can talk to the staff and tell them how I really feel”. However, she clarified, she wants people to listen to her, to what she says she wants and thinks, and she wants this to be heard and not limited. Angela said, “don’t tell me I don’t think you can do this or think you can do that. You never know”.

Debbie decided that some support staff were “decent people, they were nice people” because she could talk to them. Jasmine talked in a similar vein about people showing

“genuine warmth, genuine niceties”. She commented about The Hana Centre, “they wanted to know about me...they wanted to know about my situation”.

“It’s warm and friendly and I wasn’t sure about some of the women in here but I could see how they just felt like they belonged, you could see how they felt like they belonged.... It probably made people’s behaviour a bit better.... Than usual... including me as well, it made me a lot calmer when I came here.” (Jasmine)

Sandy commented that;

“I’ve got Emma and you know she’s ok, can go and talk to her if you need to or you don’t have to talk to her if you don’t want to, you know it’s just someone, I know she’s there if I need her so, that’s the main thing...” (Sandy)

Another strong theme present in the interviews was the sense of ‘**a safe place**’. This continues with the sense of warmth and friendliness creating a sense of belonging that Jasmine identified. Angela commented that she liked coming to The Hana Centre as, “It’s a safe place for a woman and not only that, you’ve got people that...people that will go listen to you and do what they say they are going to do”. As noted elsewhere, Judy was very vocal on the need for a women only setting, saying how it enabled women to talk more freely without worrying about what other met thought or said, she felt that men “dominated things” at services.

For Debbie and Tess, their observations related to physical feelings of safety. Debbie commented about The Hana Centre, saying that the staff are ‘just nice people’ and this made her feel safe. Tess commented on another service where she felt unsafe, she said that The Hana Centre made her feel safe because of the “personal engagement” of the staff. The idea that the staff really knew everyone was important to Tess, in her feeling of safety. Tess explains a time where she felt unsafe at a service and why she thinks this is;

“When I came here I was actually pleasantly surprised cause I was very scared that there would be people milling about looking unfriendly at each other cause I’ve actually had that at services before, other services where it’s more the clients where they kind of sit around and they look round very unfriendly at each...but that is mostly happening in the drug service I do think it’s about the structure of it as well because

like I was saying about the reception, the people the workers are very...they are cut often in a little corner and they can't really hear what is going on and there is this big dark room in the drug service." (Tess)

A number of the women talked about appreciating more active support from helping services, **'to be pushed sometimes'**. Rachel said,

"I need someone, who if I'm feeling like that, to come and say come on Rachel lets open the post.... That kind of thing, simple basic things...telephone conversations... that you don't feel you can do... I don't feel I was pushed enough on that, so I let it go." (Rachel)

Rachel goes on to comment that whilst she has been able to ask for help, there are other times where she has struggled to do so or was unaware of the support available. This led her to comment, that there are times when professionals and support services "need to try and identify and suggest to you that I think you could do with this".

There is clearly a careful balance between women feeling supported into taking the next steps or resolving concerns, to being forced into things or experiencing a lack of choice as noted earlier. The sense of being 'pushed to do things' comes across in the interviews as a supportive nudge whereby women are given the confidence to act, where they are frequently accompanied in the first steps by support staff walking alongside them. Sandy felt that staff in a hostel demonstrated a lack of interest, and their approach was a way to get her to move on. She commented that it felt like they had said, "let's give her the bare minimum, hopefully she'll go away...I was just left alone to my own devices". Women commented that when they felt they had been 'left to their own devices' or services did not seem to be bothered about them, it gave them a sense people did not care. Judy said that she had been 'pushed' into finding services; either through probation, the court or by accommodation providers, and many of the services she had to attend were not very good.

However, alongside a want to feel supported and pushed into taking steps to change, a number of women talked about how difficult they found it at times to organise themselves. Without active support from staff at helping services, it was clear that taking the next steps would be too difficult. Tess explained that she was put in touch with a service to support young people, but she never went.



“I never actually went there because I found it really hard to organise myself and I just needed someone to take me to be honest. I only ever went to things when people told me go here and they went with me...” (Tess)

## **5.4 How or where are dominant problem representations produced, disseminated and defended?**

### **5.4.1 What challenges do the women interviewed report?**

Throughout the interviews there were times when women challenged or disagreed with either how they felt they had been framed or how services behaved towards them. Much of this challenge stemmed from the reflection women had carried out on their own journey, and their understanding of their self-worth. Of all the women involved in the interviews, Anne clearly gave the impression of someone who had been through a significant journey to regain custody of her children. This had led to her be highly reflective and also more confident in voicing her successes as these were concrete and tangible. She feels now that she has **a lot to give back** and wants to volunteer to support other women

A number of the women rejected the way people behaved towards them, either the judgements they felt they were subjected to or the way they were talked to. Angela **challenged the judgements** that she thinks people make about women on the street, she wants people to understand and think about the experiences that have been faced by women.

“They weren’t born like that. And they didn’t say when they was at school that when I grow up I want to be a drug addict or homeless...don’t be so quick to judge and tarnish people.”  
(Angela)

Anne challenged the way that she feels about herself, saying that she sometimes felt ashamed. However, she said that she should not feel like this, as “I never asked to be a heroin addict, I never asked to be an alcoholic, I never chose, you’re just given that card”.

Sandy directly challenged the way that staff behave towards her; “I know I’m homeless, but that doesn’t mean to say I don’t have a voice... I’m thirty-seven years of age and I’m not going to be spoken to like I’m a twelve year old... by nobody”. She further challenged why some people think they are better than others, “your no better than me just because you’ve got a house and a home and a car and a you know”. The women directly

challenged the framing they felt had been applied, challenging others to understand the experiences that led to their circumstances, that it has not been a choice, that the women are human too, that they are equal and should be treated as such.

Other challenges were made by women 'finding a way through' the framing and judgements they felt had been applied by staff within helping services. This was evident in the way women talked about their efforts **to find another keyworker, another service, another way through**. Jane clearly explains this;

"Until you find the right one...I've been to loads, trust me, in the last three years I've been to so many and I just never been back, I just haven't...even though I'm going to start going back to the council, I'm dreading that...Cause they just ...rude horrible people, don't like them...Cause the way they treat you...they treat you like, they treat you like...you're a piece of shit." (Jane)

Judy talked about a very physical challenge to undergoing coercive treatment for heroin use, involving daily pick-up of a methadone prescription and observed consumption. Judy was very vocal throughout the interview of her dislike of methadone and her observations of its impact on others.

"What I was doing is going to the chemist and putting my fingers down my throat, going every other day and putting my fingers down my throat, spit it out... because you have to swallow it in front of them, so I used to go out and go behind the car and put my fingers down my throat... and sick it back up. I don't like methadone, I think it's bad, that you get pushed into taking it." (Judy)

Anne talked about the 'fight' she undertook to get her daughter back in her care. She said, "I fought through courts to try and get her home for two and a half years". Whilst elsewhere in the interview Anne talked reflectively about how she worked with social workers and was positive about much of their working relationship, it is clear that this was a fight for her. The work she did to achieve this positive outcome, the meetings she attended, the rehabilitation from drugs, the attendance at court, applying for accommodation and so forth, was all part of this 'fight'.

Jasmine talked about her time at a night shelter, she said that her key worker had taken too long to follow through on what she said she would do.

“...then I asked for someone else because this lady, I know she seemed to be taking too long to me and someone else made a comment about her that I knew you know, she seemed nice enough but I thought it’s like you’re taking too long...” (Jasmine)

When later asked by another service if she would like to move out of the city to get quick access to housing, Jasmine challenges, “but like I’m from this area and you’re supposed to be helping people of this area?”

In addition to challenging services or finding a way through systems, women talked about challenging framing they had experienced personally with re-evaluations of their self-worth and value. Angela talked about how determined she was to **prove to others** that “there is something good about me and I can do something”. As noted earlier, comparably to the other women involved in the interview Anne had experienced a tangible positive outcome, it is less surprising that she was also confident in verbalising what she had learnt in this journey, ultimately challenging her previously held view of herself. She commented that she no longer relied on a man to help her, “if I’ve got to get up and get food for the table I do it myself”. This, she felt, stemmed from the fact that she was “wiser to what’s going on about me”. Anne specifically identified that she had been given encouragement by staff in helping services to believe in herself, she said this has helped her ‘not to just give up and walk away’ when she is finding things difficult. She said that,

“encouragement gave me more strength, which gave me more belief...I had to put a lot of work in to get to where I am today. I never give myself the credit, which I should. : (Anne)

## **5.5 What is left unproblematic in this representation of the problem?**

### **5.5.1 Where are the silences and what do they look like?**

Trying to establish what a silence is and what it looks like is of course impossible to correctly identify with certainty. The identification of silences has occurred by the judgements I have made, from what I have heard during the interviews themselves, and then what I saw in the transcripts. In order to guide the identification of silences and note the times where it appears that things were not being said, I asked a number of questions of the data and of my reflections of the interviews;

- What do the silences look like and how do they appear?
- Are there times when things appear not to be said?
- What instances are there, where I as an interviewer may have had an impact?

During the interviews there were a number of occasions when the women involved struggled to find the words to answer a question or expand on an issue. There were occasions when they appeared very overt in their struggle to **not being able to put something into words**, below is an example from an excerpt of the interview with Jane;

(J): umm yeah I just felt really, made welcome and for the first time in ages I felt I'm going to get some help... here...

(I) What do you think made you feel that?

(J): I don't know I can't put it in to words, I just...

It is particularly through the interview with Jane that she told me how she is struggling to put things into words on a number of occasions. I could see her physically being frustrated with not having a way of explaining how she felt about things. It was particularly notable, that whilst she had been clear and eloquent when talking about her history and the journey that had brought her to services, it was difficult for her to respond to my questions about what she liked or dislike about helping services. It struck me that this was not something that she had been asked or considered before, as she appeared to have no voice to explain feelings she clearly had. In fact she vocalised this, with physical portrayal of her frustration (banging her fists on her knees) accompanying this statement;

“ ...I felt that...yeah you go for that first assessment and you just know...you just know, I can't put it into words, but you just know...It's just I don't know, I can't explain I just didn't like it, I didn't feel the...what's the word...didn't feel...I was going to get anywhere there...and I didn't, I don't think I felt that they were confidential either, I don't know why but I just...” (Jane)

Elsewhere, there were other ways that the silences appeared. The first was the use of **'umms' and 'ahhs', or the gaps** as they tried to think of what to say, and these are very noticeable on the transcripts. These are mostly accompanied by women **not answering the questions** that they were asked, with further 'umms' and 'ahhs' intertwined. Sometimes one can see that I, as the interviewer, reframe the questions to see if that would help, although it mostly does not.

In the example below, Debbie is telling me about how she pays for the crack she is using. There are a number of 'umms'. It feels uncomfortable to read, like the reality is being hidden amongst the 'umms' and disconnected sentences;

"...Umm well I have sex for drugs, umm I get income support at the moment, I'm only getting £24.48 every two weeks income support...umm I have friends come round, friends give me, I have sex for drugs, I use my own money, umm yeah...yeah I'm used to it now... yeah.....Its nice when umm my friends come and treat me and I don't have to do anything, and I don't know any drug dealers that's quite nice... hmm..." (Debbie)

Jasmine said how she when she first came to The Hana Centre;

"..it was really nice... to come here as well, have a nice warm welcome, you know ... yeah meet other women that have been through worse than me... as well you know... and err..." (Jasmine)

I asked her a follow up question; "why was that a good thing?". Jasmine does touch on some of the question; however it appears that she does not answer the question.

(J): It was just to let me know that I wasn't the only one.... That's come here and you know yeah... needs help for whatever reason, because I've always been into women's issues as well you know... I've always been for all my friends as well, a lot of my friends noticed that, they used to... I could see they'd wonder why I didn't find a man so important...

(I) Hmm

(J) In my life, I think as well like, like what they had some of them...

(I) Hmm

(J) But yeah I've always been for my friends, my female friends, I had male friends but I've always been to females and yeah...us making each other happy and things like that you know...trying to, and none of this bitchiness that goes on and stuff like that...but yeah when I come here yeah... to see other women that are in the same sort of situation as me

getting help and err yeah, just making each other lives seem  
so much better.... You know yeah...

Apart from Jane, who vocalised that she did not know how to explain what she felt and knew, and Anne who was mostly very clear on her views about what she had found helpful, all of the women gave answers that did not make much sense or failed to address questions they were asked in relation to why and what they liked about particular services. All, apart from Debbie, struggled with this in comparison to eloquent and well-constructed stories of their personal history.

Silences stem from women appearing to '**gloss over**' things that happened in their lives, for example Storm said at one point during the interview, "...um and plus he tried to kill my mum, but neither here nor there...". I had specifically reiterated at the beginning of the interviews that I did not want cause women upset by talking about difficult experiences in their past. It may be that this pre-interview discussion helped women understand that they did not have to share details that would cause them emotional distress when talking about their experiences and moderated their responses, or that they already do this as a way of protecting themselves in their day-to-day lives. That is, women reframed the story of their experiences, so that they can be told in such a way that keeps them emotionally safer. Given what is said in the dominant idea of 'they don't really care' that looks at 'retelling ones story', then this is very understandable. Although there were a number of occasions where women did get upset telling me about their experiences, and at these times often things were clearly left unsaid, for example when Anne talks about what led up to her child being taken into foster care;

"I was told that my daughter was put straight in a foster care  
and it took about a month before I got to see her. But that  
month \*sighs\* sorry..." (Anne)

She then moved on to talk about something different.

It appeared when re-reading the transcripts that Rachel dropped the following into the conversation and then quickly moved on,

"...I pulled the knife on him...I wasn't really going to hurt him,  
It was just...a thought...I just nicked him...so...that really the  
story..." (Rachel)

I reflected on the interview with Rachel and thought that amongst everything else she talked about and the detail she gave in retelling her history, comparably this got little attention, but there appears to be much unsaid. She presented as a mild mannered

eloquent women, who had reflected extensively on her circumstances and was undertaking significant steps to enable positive change in her life. I could not help but think that this was a significant event, but she pushed the conversation forward quickly so that we could not revisit it with any detail.

Tina told me a bit about the time prior to her child being removed from her care by social services and how she had struck her mother.

“sometimes I can’t remember the time period sorry  
my...cause my memory is sometimes not good or I don’t  
know why but umm yeah I just want to forget something’s...”

(Tina)

In the run up to this, Tina had just shared very intimate details about a difficult time in her life, elsewhere in the interview she presented as being confident and talkative. Tina had talked about something until the point that she felt uncomfortable, she vocalised how she managed this by trying to forget about it, as it was not something she wanted to dwell on.

This **notion of comparisons** was present in the interview with Tina. For example, Tina was talkative and dynamic about her past experiences, but then began telling me that she could not remember things. It is in these comparisons, that potentially other silences could be found. That is, assuming that what the women highlighted they liked in another circumstance was lacking in the situation they did not like. For example, Anne talked briefly about a service she had not liked going to, she said she was “put off straight away” but did not explain why, she then just went on to say what she had liked about The Hana Centre.

“ I went there for a little bit of help. I was just put off straight  
away, but when I came here, I don’t know I just feel as if  
they’ve been a part of my journey. They’re like my family.  
When I mean they’re like my family I could disappear and  
come back a year later and the door would always be open  
for me.” (Anne)

Debbie is talking about what she thinks about the staff at a service. What becomes clear is that her bar for who is a ‘decent person’ is fairly low, as comparably she states that someone who is not decent is a person who sexually exploits her.

(D) Well they have never done me any harm...umm .....  
they are just decent people I like the volunteers and umm as

far as I'm concerned they are just decent people, they are just nice people.

(I) Ok if these are decent people, have you come across people you don't think are decent..

(D) Yeah I have, yeah

(I) And where have you come across them?

(D) When smoking crack... yeah

(I) And what is a non-decent person... or a person who isn't decent..

(D) Someone who wants you to suck his cock for a little bit of crack and all different kinds of stuff...

The other significant silences potentially occur as a **result of interviewer impact**, whereby women may have been attenuating what they said in response to what they thought of me and think I want to hear. As noted in the previous chapter when I discussed my positionality (see section 4.2.1), I commented on the potential facets of my physical presence (skin colour, age, accent), what women know of me (as a social worker, academic, trustee of the organisation) and how their previous experiences and ideas about these elements affect their response to me. For example, I am mindful that many of the women were positive about The Hana Centre, and I should question whether they were doing this to please me by being polite. Although when I review the data, the positive statements are backed up with evidence from their experiences. Also, Anne had had significant involvement with social workers and she mostly presents a balanced and positive report of their involvement, but I need to be mindful of having explained that I too am a social worker.

"Do you know because a lot of people don't trust them. Do you know and I don't mean that to be horrible...But they don't realise that they (social workers) are not there to take the kids they are there to keep the families together" (Anne)

Storm was frequently making statements about what she thought of other women, who she saw as making negative choices that further brought difficulties in their lives. In summary, she saw it as a choice that women used drugs or were involved in prostitution. She then made a comment after the majority of occasions when she made these statements to clarify that she neither judged or looked down at people, it was clearly important to her that I did not think badly of her when she made such statement. For example;



“Do you know because a lot of people don’t trust them...do you know, and I don’t mean that to be horrible” (Storm)

The frequency of the clarifying statement that she was not judging others, diminished as the interview went on. She was also very keen to tell me that she did not fit the criteria of the service, and that she was being supported because the staff at The Hana Centre were aware she had no recourse to public funds.

“I came to this particular place...umm...I was told that you know I didn’t fit the criteria which I understand it more now than I did before...umm I’m not working...I’m not street working you know, I’m not selling myself I’m not on drugs, I’m not an alcoholic, depression I’ve got but my depression has been, I know the cause of it...umm so I don’t quite fit in, and I don’t want to sound pompous or anything, its just a... and I think what it was is the worker I spoke to felt that if I came here, because I didn’t...because I...kind of going back a bit but I’ve got not recall to public funds even though I’ve been here twenty-one years and I’ve paid taxes.” (Storm)

Storm said she had worked for two decades, and I reflected that much of her distancing herself from how she perceived ‘other women’ who accessed the services was to retain her esteem and sense of self. However, I considered the impact of my role as an interviewer and how she felt it was important to present the image of herself.

Then there are other **silences that I, as the interviewer, may have created**. From my diary, I commented that I cut short the interview with Debbie. I noted after the interview how difficult I had found it, that I had not wanted to keep prompting with further questions and she had not seemed very forthcoming with what I could understand were multiple and complex experiences. I was struck after the interview how she seemed to bring little emotion to the retelling of her story, but I question myself why and when I expect this or otherwise. In my reflection I also compared the way she told her story to others, and noted that she did not seem to tell her story like other women did, that is in an order they talked through with relative ease. This comparison to the way that others told their story, then led me to question why some of the women had told their stories with such order and ease.

I am mindful that when I met with the women involved in the interviews, I moved into the researcher role and this affected my experience of listening. Again, this was a point of

comparison, but in my own behaviour and experiences. As a social worker I have frequently met and supported women in similar situations to those involved in the interviews. In the practitioner role I actively listened and my mind would simultaneously try to problem solve and reflexively consider what to say or do next to support the person in front of me to achieve better outcomes and circumstances. As a researcher the role is different in its passivity, whilst I was 'actively listening' I remained entirely present, and without the role of problem solver and supporter I was left holding on to the challenges, difficulties and emotions. This was a very different experience of meeting people, and one that I found difficult at times.

However, because of my experience as a social worker, particularly one who has spent her career working alongside women and men experiencing multiple and complex needs, primarily through the lens of addictions services, I reflected on how I observed the silences whilst the interviews took place and at times asked follow up questions to explore what I felt may not be being said. However, as noted in the reflection of the interview with Debbie, my experience led me to ending an interview as I was concerned for her wellbeing and I am mindful that as an 'outsider' this may not be something that I would have been aware of, possibly leading to a different interview. Throughout the interview I moved back and forth having an insider understanding and accompanying role, to then one as an outsider.

### **5.5.2 Reflecting on silences and their potential causes**

The silences have appeared in a number of ways, via the umm's, ahs, gaps and not answering the question, through to presenting a story of oneself which protects emotional wellbeing and maintains a sense of positive self-esteem. The insider/outsider role of the interviewer and their previous practice experience can have a significant role in understanding these silences, and the ability to understand their presence when they happen. The additional balance of the insider/outsider role in finding out what is not said is impacted on by the similar practice experience, and the want to ensure that emotional upset is not caused or a carefully managed sense of self and esteem is damaged.

The most significant silence was the limited reference to women's involvement in prostitution. I am very clear that my interviews were not focused on their involvement or otherwise, but on how they experienced helping services. However, I did ask about the experiences that had led them to access The Hana Centre, and as noted earlier The Hana Centre is primarily aimed at women involved, or at risk of involvement in prostitution.

Whilst Debbie talked about having been given drugs as payment for sexual acts and Tina talked about having previously been a “working girl”. There is little other comment about involvement in prostitution. As noted in Storm’s desire to tell me what she was not doing, she was very clear to tell me that she did not take drugs or sell her body. When I revisited the experiences that women presented, it was from reviewing the silences and from my time working in practice that I could join some of the dots in my mind to the reality of detail in the stories they told. However, it is the presentation of this reality to others that is the other silence that emerged from the interviews. The way that women have felt that there are some things that can be shared and others that are private, and some whereby attempts have been made to forget them. Silences that occur as a result of concerns about what others think and do with their information, as was overtly reported in the theme, ‘retelling my story’, can also be linked to the ‘sense of self’. What did emerge in the data was how women chose to continue to access services in response to how they were met, heard and supported; it is no surprise that silences are incurred as a way to manage this and this is also evident in the interviews.

The other significant silences were in response to being asked what they liked about helping services. The women involved in the interviews were able to tell me when they did not like a service and often that they would not return, although struggled to tell me what they did not like and what they did like. This was particularly notable when you compared this silence to the telling of their experiences, their story, that led to them to access The Hana Centre. When I listened to the women, and re-read the transcripts, it was as if they did not have a voice to answer these questions. The most striking example of this was Jane, who was getting really annoyed with herself when she was unable to find the words to explain what she felt about the way she was met by staff and volunteers at different services. Jane commented, “I know what I know... but I can’t tell you what I know”.

Alongside a lack of voice for explaining what they liked or disliked in service provision, there seemed limited knowledge or understanding in how services connected together and could be navigated. Debbie seemed unclear who she saw at the hospital to support her with her mental health, or if the hospital was a community mental health team sited away from the hospital. While Rachel overtly stated her frustration of coming across services that could help her and suggested ways that the routes to access services could be made clearer.

In the WTPA questions, Bacchi (1999, p.13) also asks that attention is also brought to how responses would differ if the “problem were thought about or represented differently, when we are considering what is left unproblematic in this representation of the problem”. In the next chapter, I shall discuss the tensions that are found in this study, contextualising the findings within the wider literature. In this attention will be brought to where the findings of this study diverge from research and policy, and reflect on the different ways the decisions and choices made by women when seeking help and support can be understood.

## **6 Discussion**

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Overall, this has been a study of tensions, and not all of them can be resolved here. In this chapter I will contextualise the findings of this study within the literature., developing them into three key areas for discussion. Firstly, that the framing women apply to their understanding of need has an impact on their feelings of entitlement to help and support. Secondly, that there is a dissonance between the way women involved in this study framed their needs, and by the way they are framed and responded to by helping services. Finally, that it is essential to consider and look for silences in research, practice and policy, as they enable the breadth and detail of women's voices to be heard.

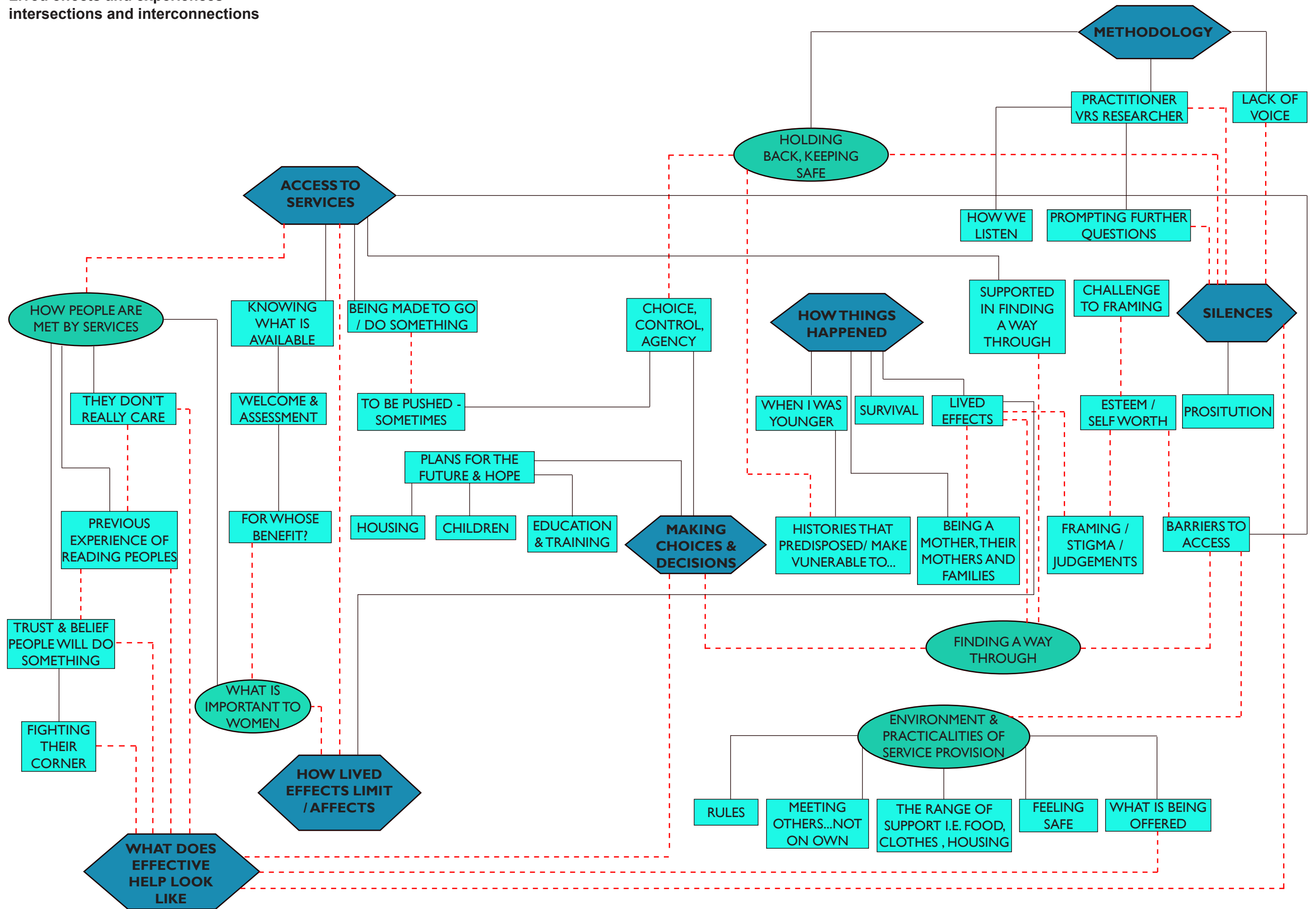
As a way to review and reflect on the findings, I compiled Diagram III: Review of findings and emerging tensions, to establish key areas for discussion. This was achieved by setting out the findings, then making connections between themes indicated with black lines, using a red dashed line to illustrate looser but notable links. A number of key areas emerged, which are highlighted in a darker colour, developing broad areas for discussion. At the end of this process I eventually settled on the following three areas to focus discussion; the tensions within framing need, making decisions and choices, as well as silences that emerged during this research.

This discussion responds to the research questions that informed this study by addressing each broad area in turn. Earlier in the thesis, I presented literature that considers the different understandings of complex needs. The initial section of this chapter brings attention to the tensions found within framing need, in particular to the ways that the construction of complex needs underpin services for women. Contextualising the findings of this study, in particular where women do not describe things that happen to them as needs, brings attention to the dissonance between how needs are framed for and by women. The narratives and experiences of women are illustrated within the discussion setting out the tensions within framing need (section 6.1), and later in section 6.2 where I address how decisions and choices are made. Additionally. I discuss how women experience the act of seeking help and support, and the framings that are applied and felt as a part of this.

The final research question sought to develop an understanding of women's decision making when seeking and accessing help and support. In this chapter the first two areas

of discussion around tensions within framing need, and making decisions and choices, set out the context to appreciate the experiences of decision-making. In particular bringing attention to how women want to be met and heard, and the way this aligns, or otherwise, with current social care provision. However, the third area of discussion attends to silences that are present, not only in research but elsewhere in practice and policy, and how these need to be attended to so support for women can be improved. Overall, this discussion brings attention to the intersections of women's experiences, their identities, service provision and policy direction, particularly found in what is said in silences and absences.

Diagram iii:  
Lived effects and experiences -  
intersections and interconnections



## **6.1 Tensions within framing need**

Tensions are evident in this study in the way professionals and academics frame need; participants never referred to their 'needs' in the interviews in the same way need is discussed in the literature. I began this thesis with an overview of literature relating to the concept of need, considering the common practice and policy terminology of 'multiple and complex needs' that is used in the title of this inquiry. I have always been curious as to how one's experiences become others' needs, and how one knows that one has needs rather than experiences. The findings of this inquiry have highlighted the framing that appears to have become an internal monologue for the women involved, what is missed at the intersections, where the silences are, and how women present their own stories and experiences in line with a needs-led policy and service framework.

To set a context for these tensions, there will be a discussion of how the experiences women report align with, or otherwise, the literature. There will be a brief reflection on intersectionality in action, and a discussion on the perceptions that women experience. Following this discussion on these experiences and perceptions has had on how women consider what has happened to them being described as needs for which they are entitled to seek support and help.

### **6.1.1 *Things that happened or experiences and needs***

In response to questions around what brought them to use The Hana Centre, women told me about things that had happened to them; their experiences. The experiences that women reported fell broadly into three categories: those from when they were younger, covering aspects of their childhood; their experience of being a mother; and a range of things that had happened to them in the adult life. Findings from this study indicated the consistent presence of difficulties in childhood, such as being 'kicked out of home', parents passing away or abandoning them, and witnessing domestic violence. Not surprisingly, alongside difficult home lives there was frequent commentary about either failing to attend, being suspended from, or not doing well at school, with a number of stories of bullying. This echoes the literature that reports childhood experiences, particularly family conflict, having a significant impact on young women's involvement in prostitution (Cusick, Martin and May, 2003; Cimino, 2012).

The experiences reported by women in this inquiry reflect the literature, with substance use, homelessness, rape and violence, abusive relationships, involvement in the criminal justice system and debt mentioned throughout the interviews (Pitcher, 2006; Bindel et al.,



2012; Matthews et al., 2014; McNaughton and Sanders, 2007). As noted in the findings of this study, substance use frequently featured in the interviews, with women's use coalescing with that of others. It was reported by women in this inquiry that they used licit and illicit substances to 'self-medicate' in order to manage the impact of their other experiences, alongside references to supporting the drug use of others. This reflects literature that suggests whilst paying for substance use is frequently cited as a factor for women becoming involved in prostitution, their continuing use is for purposes of 'self-medication' to help try and manage the psychological impact of their experiences alongside supporting another's use (Young, Boyd and Hubbell, 2000; Bindel et al., 2012)

Housing and homelessness was a major concern for all women in this study. This aligns with the literature where access to safe and secure housing is frequently cited as a key support need for women involved in prostitution, and its absence can create significant vulnerabilities for women to become involved in prostitution (Cusick, Martin and May, 2003; Sandwith, 2011; Matthews et al., 2014; Davis, 2004). There is much agreement in the literature that access to accommodation offering women safety and security is a significant factor in effecting positive change in their lives. It is notable in the findings of this study, that women who had access to secure housing found themselves in positions whereby they were able to focus on education and access support (which they discussed positively and reflected on its impact) to manage long-term difficulties, such as mental health problems. This can be compared to those who slept on the streets, whose focus was on where they would sleep that night rather than considering accessing support to enable change. Additionally, in this inquiry a significant number of women had involvement in the criminal justice system, and noted the challenges when leaving prison to access housing and support. This echoes the literature where women's experiences both prior to, and leaving prison is repeatedly reported via extensive research and the detailed inquiry of Baroness Corston (2007). Whilst the women in this inquiry discussed involvement in the criminal justice system very little, it could be inferred that a number of those interviewed held criminal records. A recent report by Harvey, Brown and Young (2017) clearly illustrated the negative ramifications of criminal record for women who have been involved in prostitution when they are attempting to build new lives for themselves.

Violence and abuse experienced either inside or outside relationships, was frequently reported in this inquiry, reflecting the literature. It is recognised that this violence and abuse has a significant long-term impact on women's mental health and wellbeing (Farley and Barkan, 1998; American Psychiatric Association, 2013). However, this trauma must be considered in addition to the impact of frequently very difficult childhoods that were

consistently reported (Ross, Farley and Schwartz, 2003). All of the women involved in this study shared experiences about when they were younger, retelling stories of the difficulties that they had experienced in childhood. Some of the women said that they had been kicked out of home or abandoned by their mothers; elsewhere there were stories of loss and bereavement.

Whilst the findings of this study concur with the literature, in terms of reported experiences of women involved in prostitution, a key contribution this study makes to the literature is related to how women used the term 'need'. The language of 'need', prevalent throughout literature and policy, was found to be at odds with the voices and experiences of women. For example, the women involved in this study said they were frustrated to find out at a later date about services that may have helped them. It is arguable that this stems from their experiences not having been expressed as a need, professional caregivers and policy makers not understanding their experiences as needs, or the services not expressing effectively who they are trying to offer support to. Until need is expressed, provision will not be available. Bradshaw (1972) was critical of this 'felt or expressed need', finding it an inadequate measure of 'real need', as one has to be aware of the help available in order to express the need. The women involved in this study made no reference to need when they talked about what had brought them to the service, but they did report their experiences as things that had happened to them. This dissonance illustrates the real challenge that one has to know one has a need, before it can be expressed. This dissonance is something that should be supported by services, or in other words that women are supported to understand what is their felt need and directed to services that can help.

This silence, or one that can be interpreted as such, from women in defining their experiences as needs is striking when compared to the ubiquitous presence of 'professionally defined need' evident in practice, policy and associated literature (Godfrey and Callaghan, 2000b). 'Professionally defined need' is arguably described and demarcated by paternalistic norms of the middle class, essentially establishing need as a value judgement, defined by professionals, resulting in the framing of others (Bradshaw, 1972). The experience of being assessed by 'professionally defined need' was recounted by one of the women involved in this study, Jasmine said she was told to leave the accommodation she was in, having been found not vulnerable enough. She was left unsure what she had done wrong, what she had or had not said that had led to her being asked to leave. This illustrates how the socially constructed concept of need and

associated assessment of need continues to have a central role in rationing service provision.

In their exploration of unmet need, Godfrey and Callaghan (2000b, p.1) set out how widely the concept of need was used across social and community care, while noting that the term was “also one of the most slippery to define...there is no agreement at a theoretical, policy or practice level on what it means or how it might be measured”. As noted in chapter two, the National Health Service and Community Care Act 1990 (c.19) set out to move from a service directed provision to a needs-led approach to assessment and delivery, responding to individual circumstances (Godfrey and Callaghan, 2000b). The language of ‘need’ has been pivotal since the inception of the National Health Service and Community Care Act 1990 (c.19), which was intended to ensure services responded and aligned with individual need. In reality, the concept of need has become tied up with resource allocation, and cost rationing and control, focusing service provision on those assessed as being most dependent (Godfrey and Callaghan, 2000b). Godfrey and Callaghan (2000b, p.18) argue that assessments should be a “process of facilitation and negotiation, which started from peoples lived experience”, to overcome this focus of needs based approach to service rationing.

If it is understood that needs are socially constructed, this then enables an appreciation of the ‘lived experience’ as described by Godfrey and Callaghan (2000b), where women’s support needs result from the difficulties experienced in their circumstances and environment, alongside local and national policy, and legislation. In this study, as noted in the commentary on the research strategy (chapter four), I purposely kept my questions as open as possible, enabling women to talk and frame their experiences in a way that they chose, rather being constrained by tight questioning or particular themes. Whilst I reflected that the women who were involved in this study frequently narrated their experiences in a manner replicating an assessment, they also talked in depth about elements of their lives that may be outside the standard areas of social care assessments. It left me mindful that a greater opportunity for women to share their experiences in other areas of their lives may lead to a better understanding of their circumstances, the support that they may benefit from, and their hopes for the future. I shall return to a discussion on how women are met and heard later in this chapter, bringing attention to the findings of this study and the literature relating to interventions and methods of support.

### **6.1.2 Retelling my story for it to be heard**

‘Retelling one’s story’ during needs assessments at helping services emerged as a prevalent experience that echoed throughout the interviews. In particular one of the women related how she found the first appointment she attended was scary and long, she talked about being asked really odd questions that she had not considered, although these questions became more relevant to her over time. Other women talked about being rushed through a tick list of their behaviours and support needs. Listening to these accounts led me to search for drug and alcohol assessment tools in the UK, and was particularly struck by the length and detail of these assessments, one by Kent County Council ran into seventeen pages, (Kent County Council, 2017, p.1). The Treatment Outcome Profile (National Treatment Agency, 2017) is described as a “powerful clinical, management and commissioning tool – helping everyone in your treatment system see progress”. The Treatment Outcome Profile has four stages, collecting data at the start of treatment and behaviour that occurred twenty-eight days before assessment, a review every twelve weeks, the date of treatment exit and recording if this was a planned exit (National Treatment Agency, 2017). This assessment of an individual’s progress through treatment is one that focuses on substance use, criminal activity, assessment of injecting and mental health, which appears to reflect the earlier critique that drug and alcohol treatment focuses on the single-issue, male experience of addiction (Neale, 2004).

The findings of this study suggest that there are other needs women experience that are not addressed by professional caregivers because they are not framed as needs, or do not qualify as ‘professionally defined needs’. It could be argued that women have greater agency to vocalise experiences when they understand their entitlement to support. However, consideration must be given to the opposite, to silences, where women may not seek help with things that are happening, or have already happened to them, because they are not considered needs in the professional framing of the assessment language. I shall return to the subject of silences later in this chapter.

As described on the SCIE (2017) website, “assessment tools are standardised systems that help to identify and gauge the extent of specific conditions and provide a fair approach in response”. Elsewhere, Taylor (2013) clarifies the use of assessment in social work practice as a method to inform and support reasoned and reasonable decision-making. Assessment tools are considered as helping to gather, order and analyse information, with the goal of supporting individuals to make informed choices about their care, or to inform safeguarding plans (Taylor, 2013). In chapter five, I reflected on my experience of undertaking needs led assessments during my time in practice, and

understood the vagaries of how the needs could be met with support or otherwise, I was mindful that much of the women's narration of their experiences replicated the order of questions that social care assessment tools frequently focus on. Emerging from the findings of this study a tension is found between the way participants considered their experiences as needs entitling them to support, and appreciating that they have some needs for which support is not offered, nor available to them. This tension is found in the wider narrative of the intersecting experiences, whereby it can be argued that some of these experiences are not considered needs requiring a social care response.

If there is a connection between things that happen to women and understanding that certain experiences are framed as needs entitling one to support, then this can inform decision making about how, where and with whom to seek help and 'find a way through'. After the research interviews, I reflected if women involved in this study had come to learn how to retell their story in a way that aligned with common themes found in assessment tools, utilising the language of social care professionals to facilitate their journey through, to 'find a way through', the systems and processes to get access to the help or outcome they wanted. It should also be considered if the professional framing of needs leads to women feeling that talking about certain experiences will receive greater attention and incite a helping response. Knowledge of professional framing would then give women the confidence and agency that they are experiencing a need that, because professionally definable, can elicit a helping response.

When reviewing the Taxonomy of Helping Services (set out in chapter three, section 3.1.1) with the narratives and experiences of women in mind, it becomes evident that the constructions of need underpinning services fail to effectively take into account the complexity and multiplicity of women's experiences. The taxonomy illustrates how the constructions of complex need underpin services for women. For example in the first service level, identified as crisis or immediate short-term support, the service user (or intended recipients of the service) are those who are in crisis or are not in receipt of, or attending services. If a woman does not understand their experiences are defined as needs for which associated support is available, then it will be difficult to understand that they are a potential recipient of a helping service.

In both the first and second level of services illustrated in the Taxonomy of Helping Services, individuals are required to know they have a need, that this need can be responded to by a service, and that they are entitled to access the support on offer. The decisions and choices involved in accessing helping services are far from straightforward,

and indicate that the assumptions made by service providers and policy makers are not necessarily aligned with those of women who would benefit from the support. From the findings of this study, the narratives and experiences of women appear to be at odds with the constructions of complex needs that underpin services. Later in this chapter I illustrate this further by applying the experiences of women directly to the taxonomy of helping services, providing a context to develop an understanding of women's decision making when seeking and accessing help and support.

The findings from this study develop the taxonomy of need presented by Bradshaw (1972), and his exploration of how needs are considered, as either felt, professionally defined, or one that is measured and understood by comparing populations receiving services. The social constructions of need were additionally discussed by Smith (1980), who noted that there is a 'relative concept of need' defined by the social care practitioner and organisation, in the accessibility, structure, and ideology, ultimately affecting the criteria of access eligibility. Whilst this reminds us to consider the impact of policy, organisational and practitioner-defined need and the social constructions therein, there remains an incongruity in the assumptions between those experiencing difficulties in their lives and those involved in providing support. The concept of need as used in social care today frequently relies on individuals knowing that their experience is considered a need, and that because of this individuals know that they are entitled to support.

### **6.1.3 Framings of women**

The term multiple and complex needs sought to address and consider the continuum of needs and experiences of individuals. As noted in chapter two, there is discussion if this terminology describes the challenge to services in their ability to effectively respond and support individuals whose behaviour and 'life skills' make heavy demands on services (Department of Human Services, 2003), or a useful way to "describe multiple interlocking problems...where the total represents more than the sum of the component parts" (Rankin and Regan, 2004a, p.5). Whilst it is suggested that the term multiple and complex need, provides a useful tool enabling those commissioning services to understand the complexity of individuals needs (Rankin and Regan, 2004a), there still appears an assumption that potential service users understand their experiences as needs for which they are entitled to receive support. The terminology is developed by Bramley et al (2015) to 'severe and multiple disadvantage', to describe something that happens to individuals as a result of societies actions. This returns to a concept and context of needs as socially constructed, whereby individuals lived experiences and futures are significantly affected

by the wider society they live in. The idea of something that ‘happens’ to individuals is very much reflective of the language found in this study, as set out in the dominant idea prevalent throughout the interviews when women said ‘...it happened to me’.

It seems that understanding the experience of this framing is essential given the potential impact it has for women when accessing services or seeking support. In this study there were examples where women felt that they were looked down at, either by the general public or by other service users. One woman commented that she thought others would think she was mad and crazy, and this prevented her from seeking help. A nuanced understanding of the intersecting experiences, choices and decisions made by women when seeking help, emerged in this study following the application of the WTPA (Bacchi, 1999), where women gave examples of having been framed or judged. The framing of women’s experience is far from positive, with significant impact on their self-esteem and sense of personal value and worth.

It was particularly striking how on a number of occasion’s women felt they were framed as a low priority in the eyes of helping services and associated structures. As Judy noted, “women don’t kick off as much, or scream so much, you just leave them like that”. This was an interesting and insightful comment that reflects a reality captured in the literature. In their report, Bramley et al (2015) defined those experiencing severe and multiple disadvantage, as individuals whom are homeless, using substances and have involvement in the criminal justice system, in addition to experiences of mental ill-health and poverty. They collected their data from service providers across the country and established that men aged between their mid twenties and forties were highly represented, where as women much less so. This reflects much of the literature bringing attention to women’s minority presence in the criminal justice system and drug and alcohol services (Neale, 2004; Corston, 2007; National Treatment Agency, 2010; Becker and Duffy, 2002).

The majority of women involved in this study had ‘plans for the future’ that seemed to be accompanied by a sense of hope. These positive images of women were woven amongst narratives of challenge, disadvantage and difficulties. By focusing only on the disadvantages faced by women, there is failure to consider the breadth, variety and strengths within their experiences. When I refer back to the diagram in section 5.2.1, interwoven amongst the interconnecting difficulties and challenge noted in the lived experiences are recollections of times of strength, clear decision-making, and action. These are particularly demonstrated in the themes of women presenting ‘positive images

of themselves, their personal esteem and a sense of self'. Elsewhere the sense of how women were 'moving forward and not going back' was evident, alongside the capability to 'find a way through'.

Having plans for the future was a prevalent thread throughout the interviews, and appeared as a rejection of framings the women involved in this study experienced. There were a number of times throughout the interviews where women sought to reject framings they had experienced. As noted in the findings, women challenged the perception held in these framings, wanting people to understand the experiences that had lead to their circumstances, and that this was not a choice. The women involved in this study were clear that they were humans equal to others in society and should be treated as such, that is the women have a right to citizenship also. They also sought to access this citizenship by challenging how they had been framed, by their want to prove to others that they were capable and able. As Angela said, "there is something good about me and I can do something".

Further room should be made for mutual support or peer support schemes (Boyce, 2016; Baldacchino, Caan and Munn-Giddings, 2008), as briefly discussed in chapter three. Women involved in this study noted how they found it helpful to be around other women experiencing similar circumstances. Mutual aid groups offer the opportunity to come together, to provide support by sharing knowledge and experiences, with groups run for and by its members (Seebohm, Munn-Giddings and Brewer, 2010). Similarly this study shows that rejecting and challenging framings that women have experienced could be something much better achieved as part of a group, rather than at an individual level.

It was also important that as a researcher I did not apply the established frameworks of needs and other categorisations to women's narratives, further silencing their voices by failing to recognise the breadth of experiences. Whilst I shall be focusing on silences later in this chapter, one of the most significant tensions in framing needs is in understanding what is not being said and why.

## **6.2 Making decisions and choices**

Illustrated above are the tensions found in framing need, that women have to know they have a need, that they are entitled to get support with this need, and then ultimately knowing where to access this help. This knowledge and awareness of one's own needs



and options of support, will form the first step of a decision-making process for women experiencing multiple and complex needs when seeking help and support.

This study contributes to the literature by bringing attention to the intersecting experiences and needs that impact on women's decisions and choices when seeking support from helping services. In the findings when women talked about their experiences of seeking support from helping services there was a sense, albeit accompanied with significant silences, of women having a clear opinion on what aspects of service provision were helpful and supportive. In addition they also indicated things that prevented them from accessing help, either as a result of environmental circumstances and practicalities, or due to the way staff and volunteers met them.

Services can improve access to the support women are entitled to receive by understanding the decisions and choices women make when seeking help. It is useful to consider the literature around relationship-based practice approaches of trauma-informed care (Elliott et al., 2005; Miller and Najavits, 2012; Covington, 2008; Hopper, Bassuk and Olivet, 2010) and McCluskey's (2005) theory of 'goal-corrected empathic attunement'; which bring attention to the importance of practitioner understanding the impact of previous trauma on help-seeking and responding accordingly. This is particularly pertinent as women involved in this study commented on how they read people, with implications on whether they would follow up accessing help and support. It was notable in the findings that women 'read' professional caregivers behaviour and decided they were not going to help, they then voted with their feet by either leaving services or not returning. Echoing the findings of Matthews et al (2014), the decision to leave or not return to services frequently put women involved in this study at potential disadvantage and increased the risk to their personal safety and wellbeing. Additionally, these decisions made by women when seeking help should be considered alongside their narratives of 'moving forward and not going back', and 'finding a way through' situations. Given that women involved in this study reported this ability to 'find a way through', it should also be considered that they would also try and find a way through unhelpful provision of support services. In particular, one example of this is found in the way women managed the practical and environmental barriers experienced when seeking help and support.

### **6.2.1 Environmental challenges**

Many of the barriers to accessing support and help that women reported in this inquiry are reflected in the literature. Barriers that are reported preventing women accessing help and support are often found in the challenges of managing childcare, geographical difficulties and transport to appointments, or attending a mixed gender service (Neale, 2004; Hepburn, 1999; Becker and Duffy, 2002; Corston, 2007). The aim of this inquiry is to develop this understanding of how practical and environmental barriers impact on women's experience when seeking help and support and consider some of the other decisions and choices that are also being made. However, environmental and practical issues do have a significant impact on the choices women make when seeking support, and it is imperative potential barriers to accessing help are understood so they can be addressed.

Women in this study commented on their drug and alcohol use increasing as a way of managing living on the streets, and a focus on where they were going to sleep that night detracting from any engagement with helping services. The most significant and referenced impact on accessing help and support, or enabling positive change in women's lives, was their access to safe and secure housing. In addition there were a number of reports by women involved in this study of feeling unsafe in hostel accommodation and choosing to sleep on the streets in preference, echoing the findings of Matthews et al (2014). As noted in chapter two, living on the streets increases difficulties for women, frequently intensifying drug and alcohol problems and other behaviours that have a negative impact on the individual, all of which lead to the overall wellbeing of women deteriorating rapidly (Davis, 2004).

There is "no single ideal mode of accommodation" (Parry-Crooke and Stafford, 2009, p.32), and other models of housing support have to be considered, particularly as the current provision seems particularly unhelpful and detrimental for women. The findings of this study make it apparent how the prevalent linear housing model (as discussed in chapter two) is unhelpful for women; with its requirement to demonstrate compliance and progress before moving on to improved housing options, with penalties of moving backwards if requirements are not met (Homeless Link, 2015; Johnsen and Teixeira, 2010). Without due consideration of the needs and experiences of women, the system puts them at a disadvantage as they find another way of coping with their circumstances. As noted earlier, the linear system of housing appears as an illogical support mechanism for those experiencing a variable treatment journey for mental health or substance use (Johnsen and Teixeira, 2010; Sahlin, 2005). A switch to the Housing First model (also

discussed in chapter two), where those considered most vulnerable are placed in permanent independent tenancies, appears to be one option that would be more helpful to enable women to access support and help. At the very least, establishing that housing is a fundamental human right and need for women, enables voluntary engagement with helping services, based on evidence suggesting improved outcomes in overall wellbeing (Homeless Link, 2015; Johnsen and Teixeira, 2010).

The importance for women of a place of safety was recognised in the recent literature review carried out by AVA/Agenda (2017), noting the frequency which the term 'safety' occurs within research findings. They also commented on the quantity of research indicating the negative impact of male-dominated day centres and drug and alcohol treatment services have on women who have experienced violence and abuse (AVA/Agenda, 2017). Research by Radcliffe, Hunter and Vass (2013) found that a women-only setting is essential in creating a positive environment enabling full engagement with provision, particularly those focused on group learning activities. This view was echoed by one of the women in this study who commented on the dominating behaviour of men in services, saying that it stopped women "from being so free in what they say, they tend to be judged, or some people who have got real problems and just go into themselves". As noted in chapter three, the primary concern of a trauma-informed approach, is creating a feeling of safety, essential in developing supportive spaces for women to address their previous experiences (Covington, 2008).

It emerged in the findings of this study that women would stop attending services if they did not feel comfortable, preferring services where they felt safe. Women measured this safety by observing the behaviour of staff and previous experiences they had of services. Women were alert to staff who failed to pay attention to what was happening in the service, when workers appeared to be in a rush and failed to give time to listen attentively, or where women lacked the confidence to speak honestly as there was potential for a negative response, such as a return to custody. How people are met by helping services will be discussed shortly, however the impact of staff behaviour and management of the environment was clearly significant for the women involved and led them to make judgements of how safe they felt. The findings in this study contribute to the literature by bringing attention to the reasons women choose to leave services, in particular the role of staff in creating an environment of safety that is essential to women.

It can be argued that this failure to address and support women's experiences and ensuing needs effectively and responsively, leads to women ending up in a place of crisis

and greater risk of their circumstances becoming more difficult and dangerous to their personal safety and wellbeing. The tension here is that policy fails to identify and consider women's experiences as needs that should be responded to. Corston (2007, p.16) commented in her review of women in the criminal justice system, "there can be few topics that have been so exhaustively researched to such little practical effect". With extensive and clear research (much of it government funded) setting out approaches and methods that would improve the experience of women involved, or at risk of involvement, in the criminal justice system, but a "high prevalence of institutional misunderstanding" remaining about the needs and experiences of women (Corston, 2007, p.16).

### **6.2.2 Multiple needs, multiple services, multiple appointments or none**

Women involved in this study had a clear sense of when they felt they were not getting the help that they wanted or considered useful. Whilst frequently this referred to issues around accommodation, there were other examples when women were told that services they were accessing could not help with a particular concern, which left them attending multiple services. The challenge of attending multiple appointments was frequently reported by women in this study. Amongst comments were the implications of missed appointments, Jane explained how "mentally I was in a bad way" and found it hard to attend lots of appointments that were spread out across the city, struggling to get from one appointment to the next. Other women commented on the number of appointments they attended in response to child protection procedures. Whilst clearly committed to the process of regaining custody of their children, they talked about how lonely they were amongst the busyness and high levels of interaction. Tess said that after missing some appointments with an aftercare/recovery service she received an "angry message" telling her not to attend any more.

The Taxonomy of Helping Services set out in chapter three (section 3.1.1), illustrates how services are developed in response to particular needs, with the service level individuals access frequently determined by professional assessment and referrals, or presentation in crisis. This can create a network of services all operating in different ways requiring varying behaviours from service users in terms of their engagement and attendance. For example, a woman may be required to attend her probation appointment (service level three), and then also going to an open access drugs services (service level two) to get support with her drug use. She may also be without accommodation and trying to get help to respond to her immediate crisis and attend a night-shelter (service level one). At the same time, various professionals supporting her from a range of services may be

trying to refer into residential drug rehabilitation centre (service level four), requiring her to demonstrate ability to commit to change in a pre-referral assessment process. This is not only a fairly representative experience, but just begins to demonstrate how fraught with complexity and challenges accessing help and support can be. If a layer of involvement and requirements following social service assessment in response to child protection concerns (service level three) is added to the scenario above, then the potential for further intricacies and multiple service attendance becomes evident. As a result of utilising Bacchi's WTPA (1999) questions to analyse the data demonstrates the "effects that are produced by this representation of the problem" (Bacchi, 1999, p. 12). In particular, by applying the intersecting experiences of women involved in this study (set out in Diagram ii, section 5.2.1) to Table i: A Taxonomy of Helping Services (section 3.1.1) develops an understanding of a potential journey through helping services.

It can be argued that without creating easy access to helping services, the network of potential support is failing to effectively respond, further increasing risk to women who have already experienced some of the most hideous abuses imaginable. Having no recourse to public funds is a stark barrier to accessing help and support, and the intersecting needs of migration and ethnicity provide further challenges for women. Storm recognised that whilst she did not see herself fitting the access criteria to The Hana Centre, she was mindful that their support had been essential when she found herself unable to access other help. Whilst she sought to distance herself from other women who accessed the service, she did not seem to consider that her circumstances put her at risk of exploitation via prostitution, bringing her into the support criteria of The Hana Centre. Without recourse to public funds women are reliant on the provision of charities to offer help and support. The literature, as set out in chapter two, highlights how women who have been trafficked are exposed to horrific traumatic physical and mental abuse and exploitation, whereby criminal gangs exploit their circumstances, and frequently those of their families, for their economic gain (Gajic-Veljanoski and Stewart, 2007; Ashwroth and Franklin, 2014; Lehti and Aromaa, 2006; National Crime Agency, 2017). Those who are stateless, refugees or seeking asylum are additionally vulnerable to such exploitation.

The complexity of the immigration system and women's status in the country, interplayed with the very real struggle of knowing what services are available and how to access them, create further vulnerabilities to exploitation by criminal gangs, who are frequently many steps ahead of governments responses and provision. As noted in Hales and Gelsthorpe (2012) study, it is impossible to elicit the experience of women to enable an effective helping response without highly competent staff understanding the complexities

of experiences and circumstances, which has to be accompanied by effective translation. Illustrating that not only should experiences be named clearly as needs, but also consider how these are framed and experienced by women involved to ensure alignment between professional caregiver and careseeker.

Whilst there appear to be practical changes that can be made to the way services are delivered, advertised and managed. The decisions women make around seeking support is complex and similar consideration is required by services in their response. It is arguable that there is a connection between woman being seen as less present in services (Bramley et al., 2015) and women in this study saying that they felt they were a lower priority.

### **6.2.3 Being met and being heard**

It became clear in the findings of this study, that a sense of safety was more than just the practical management of a space. One of the women voiced this clearly and said that a safe place for women included, “people that will listen to you and do what they say they are going to do”. Creating a safe space appears to be neither a simple nor a one-dimensional issue to be resolved. Amongst what was said, and not said, by women involved in this inquiry, emerged a clear preference for how they were met by helping services and what prevented them from accessing services or returning for further support. In this study the women involved indicated that they were aware of how they preferred to be met by staff in helping services, and when this did not happen it fed into their decision making not to attend again or leave the service. This study contributes to the wider literature by bringing attention to the importance women give to how they are met by staff at helping services and the implications this has on their attendance.

As noted in the findings chapter, Anne commented that she would decide if she was going to be successful at getting the help she needed from the way she was spoken to, if the staff looked her in the eye along with the ‘vibe’ she felt when talking to people. Women also referred to this as an ability to ‘read people’, frequently stemming from previously being let down, and informs whether they will trust people to help them. This is further illustrated in the clarity with which women talk about the things they disliked, it was clear that women made decisions about when support staff ‘didn’t really care’. When probed, there appeared to be a number of spheres of experience informing these observations; for example one common way of assessing if staff cared was by their body language. The symptoms of trauma arise from violence and abuse experienced in the past because

there has been an “absence of a safe environment” (Elliott et al., 2005, p.462). Given the experiences of trauma that have been well documented in this study and elsewhere, it is clear that creating a place of safety for women experiencing multiple and complex needs is a priority. Not only to ensure better outcomes and quality of support, but also because creating a place of safety has an impact on the decisions and choices women make when seeking help and support.

As set out in findings of this study, there is evidence that women approach helping services for support often when they are in a state of distress, but unsure if they will get the help they think they need. This draws attention to the importance placed by women on how they are heard, met and listened to. For example, Jane talked about the welcome she received when going to seek help from a service, commenting that she wanted to be put at ease, “because at most times when you go and get help you’re nervous already cause of your situation, and you’re scared because of the situation”. McCluskey (2005) comments that this stance to approaching help and support originates in infancy where caregiving and careseeking experiences are developed. For many of us the impact of being a recipient of ineffective caregiving can be mitigated by other factors, such as support networks, financial circumstances, access to education and health, but for some this is not the case and so further careseeking is experienced within the context of this history (McCluskey, 2005). This discussion about the way women make decisions to actively seek support from staff at helping services, echoes some of the foundations presented in the concept of trauma-informed care (Covington, 2008; Elliott et al., 2005; Hooper and Warwick, 2006).

All social care is undertaken within and through relationships (Ruch, 2005), and it is imperative to consider the impact of trauma experienced by women when developing helping services. In her work to develop a women’s integrated treatment model for substance use, Covington (2008) asserts that treatment models are likely to be unsuccessful without fully understanding women’s experiences and appreciate that these frequently include violence and other abuse. Whilst this has not been an inquiry to identify the concept of goal-corrected empathic attunement in action, it is useful to consider the findings of this study in relation to the dynamics of attachment, and the impact of previous careseeking experiences on ones interaction with helping services. When careseeking has been unsuccessful as a result of ineffective caregiving, then “people withdraw, feel angry or go into despair” (McCluskey, 2005, p.248). In the findings of this inquiry, there were choices and decisions made by women not to return to a service or share certain information as a result of caregiving that had failed to meet and respond

to their careseeking behaviour. McCluskey (2005, p.249) explains that this occurs because, “we need to understand that careseekers read faces and respond to what they see there, just as we read other people’s faces in response of their expressions”.

It was critical to the women involved in this study that staff really cared, could be trusted to help and support, and would listen to them. In addition to observing body language and reading people, women frequently measured trust by seeing staff doing what they said they were going to do. The culmination of staff taking time to listen and doing what they said they were going to do is exercised through support staff being seen to ‘fight their corner’ and ‘pushing you a bit’. It is as if, from effective listening and relationship building, staff were better positioned to understand what is truly helpful, attuning their response and efforts in line with the spoken and unspoken goals of the women. In turn, when women see this happen, they develop their trust and belief in people and so share more of their concerns enabling a greater opportunity to improve situations and circumstances. This is echoed in the literature focusing on trauma-informed care (Elliott et al., 2005; Covington, 2008), which recognises that supporting women to recover from trauma is a priority, and frequently will come before addressing other concerns in their lives.

The problematic combination of experiences, needs, and the requirements of policy and service provision for potential service users to interact with them in particular ways, illustrates the challenges being created by some of the current approaches to care. The decisions made to engage with such support or ‘treatment interventions’ are integrally linked to the relationships that women form with support staff, or defined by McCluskey (2005) as how ‘we are met’. Whilst there are many theories and models of intervention and support, in essence the choices and decisions women make to decide if they will continue to attend and engage in helping services revolves around how this ‘meeting’ is undertaken. If it is a priority to support women recover from trauma, then the evidence on how this is best achieved challenges the efficacy of behavioural psychology approaches to treatment and the short-term outcome focused models of intervention (Ruch, 2005). As the evidence is compiled, one begins to see how ineffective some of the short-term focused behavioural approaches can be for women experiencing multiple and complex needs. This is particularly the case when consideration is given to their intersecting experiences, histories of trauma, and expectation that they navigate multiple services when seeking help and support.



#### **6.2.4 Support versus self-management**

Self-management programmes are unsuccessful when they fail to consider the need for social support in enabling this change, poor engagement between staff and service users, and the fragmentation of health and social care provision (Brijnath and Antoniadou, 2016). The findings of this study echoed the work of Brijnath and Antoniadou (2016) in that women talked about how they were met by staff and their reading of people, knowing when they could trust and believe people because they did what they said they were going to do. It is this latter point, which was so important to the women involved in this study. This preference to be 'met as a person' appears to be in direct conflict with neoliberal discourses (discussed in chapter three) reportedly found in social care provision (Perry, 2013; Rose, 2000; Kemshall, 2002; Brijnath and Antoniadou, 2016; Peacock, Bissell and Owen, 2014; Liebenberg, Ungar and Ikeda, 2015). Neoliberal discourses are evident in policy and provision where principles of individual choice, responsibility and autonomy have been accentuated, leading services to put in place 'prescribed paths to change' (Perry, 2013; Beddoe and Keddell, 2016). Beddoe and Keddell (2016, p.150) clarify, these are individualised programmes where those seeking help are categorised and 'granted the opportunity' to participate in, and escape their current categorisation to achieve 'good citizen status'.

There are a number examples in the literature where the neoliberal discourse is found within the interventions underpinning service provision today, including cognitive behavioural programmes and the probation "thinking skills" programmes (Perry, 2013; Rose, 2000). One can see how the approaches of motivational interviewing and linear housing models, for example, could also be considered by Rose (2000) as ways to responsibilise and self-regulate individuals. The impact of failing to self-manage, as Brijnath and Antoniadou (2016) highlight, has significant implications and feeds into the cycle of careseeking experiences, ultimately affecting decisions and choices made by women when seeking help and support in the future. Concerns are raised by McCluskey (2005) about the purchaser/provider relationships, and how policy change led to a greater concern on the monitoring and procedures of organisations rather than creating the conditions that 'professional caregivers' require to support their work. Her concern is that the services of the professional caregiver are purchased to provide a "tightly defined service within strictly defined time limits" (McCluskey, 2005, pp.7–8), and that while this may satisfy those purchasing the services there is a failure to focus on the professional caregivers behaviour and the responses of the 'careseeker'.

Given the women involved in this study had a strong sense of knowing what was helpful, alongside a determination to support others and challenge framings, it would seem that those receiving services also need to be involved more with decision making around what provision looks like and how it is made available. Literature rarely considers the strengths and hopes of women involved, or at risk of involvement, in prostitution (although I recognise the reason for this is likely to rest with the necessity to bring attention to the traumatic histories and current experiences of women involved in prostitution, to inform action and change at the micro and macro level). However, in this study the vocal rejection of framings, was accompanied with references made by how the women found a way through. They talked about times in their past when they found a way through, always moving forward and not going back. It was also clear that this approach to finding a way through challenges they faced in life was also applied in decisions to access and seek help, or otherwise, from services. In chapter five, the prevalence of discussion on motherhood in the interviews was illustrated, with children providing the main motivation to seek change in women's lives, whether this was as part of regaining custody or to prove to adult children they were different to the previously held image they had of them. In addition to wanting to be a 'better mother' or a 'good mum', women involved in this study also wanted to prove to others, frequently their own mothers or wider family, that they had more to offer than previously thought.

In her article, "scripts for safer survival", Rumgay (2004a) brings attention to the challenges that occur when wanting to make changes to ones role, or in her words, taking on a 'pro-social role'. That is, alongside wanting to change personal identities to those of pro-social roles, there also needs to be the opportunity to make such changes (Rumgay, 2004a). Scripts are essential for individuals successfully taking on a new identity, "to develop the complex repertoire of subroutines that can support the identity across a wide range of contingencies" (Rumgay, 2004a, p.410). Something which women who previously have had difficult experiences of family life, education, employment and relationships will not have ready access to, resulting in significant challenges putting these changes in place (Rumgay, 2004a). Additionally, particularly challenging is maintaining reforms individuals have made in their lives, as changes in identities will take time for individuals to establish as the norm, and stressors such as poverty, parenting, relationships and so on will continue to exist (Rumgay, 2004a).

Rumgay (2004a) explains that personal resilience and the importance of social networks are essential for women trying to maintain change, showing how challenging, tentative and reliant on external environment successful change in individuals lives is, and in reality

how wider society can effectively support this. Whilst also considering the evidence detailing the experiences of women involved in prostitution, Rumgay's (2004a) suggested 'pathway' to change interweaves the needs of women amongst the literature on desistance and behaviour change. In addition to an understanding of the complexity of experiences, a clear picture emerges of the challenges of change. It is far from simple to roll around the cycle of change, to exit a role, to engage in new 'pro-social' roles, and the reality is that these theoretical concepts have to engage with the real world and its challenging environment.

It is essential to understand the nature of women's lives and experiences that have led to them finding a way through in adverse situations. Additionally, understanding that finding a way through may be neither via legal activity or that which does not cause women further physical or mental harm to themselves or others. The choices and decisions made by women when seeking help and support must be considered in the wider context of their lives. Not only were day-to-day experiences complex and multiple, but evident in the dominant theme of 'when I was younger', there are stories of survival in extreme adversity. The women involved in this study were highly experienced in finding a way through and moving forward, aligning with McCluskey's (2005) assertion that the dynamics of careseeking are established and developed from childhood, with direct impact on the stances (section 3.2.5) that people take during help-seeking particularly when they are frightened, or feel threatened.

The majority of women involved in this study had plans for the future, frequently involving developing relationships with their children, but there were other plans mostly relating to training, work and accommodation. When meeting women and finding a way through, professional caregivers must work to understand and support the achievement of these hopes, in a way that does not further cause harm by limiting the routes to achieve them, enabling women to develop their trust and belief in those who offer to support them on this journey. To respond in any other way would limit choices and options available to women, creating a set of circumstances whereby the opportunity to make decisions are then limited.

### **6.3 Silences**

I applied Bacchi's (1999) WTPA, directing the researcher to actively look for silences in policy, and applied this approach to the interviews and their subsequent analysis. This approach leads one to attend to the person you are meeting differently, whilst we may all

notice what is not being said in particular situations in relation to particular issues, a focused attention to what is not said brings with it a layer of information and understanding that would otherwise have been missed. Listening and looking for silences has been a reminder of how one needs to truly engage in the interactions we have with each other. Earlier I reflected on the changing role of practitioner to researcher and my awareness of finding myself in a different role, particularly in reference to how I listened. I noted in the findings chapter how as a practitioner I would have listened with a view to help resolve problems and difficulties, whereas listening without this layer of activity simultaneously taking place left me in a very different place emotionally. I reflected on this experience and compared it with my time working in helping services, thinking particularly of McCluskey's (2005) study on how professional caregivers and careseekers meet and achieve their separate goals.

### **6.3.1 The meaning of silence**

The power of silence in research is significant, and without paying attention to the silences much of this information that is within participants interpretation is missed. In qualitative research silences are often disregarded (Poland and Pederson, 1998), but they are arguably "as important as noise in research and the interpretation of silence is as important as the interpretation of what is being said" (Letherby, 2003, p.109). As Ryan-Flood and Gill (2010, p.1) write, "all research involves secrets and silences of various kinds...and these secrets and silences matter". The meaning of silence varies depending on the power and nature of relationships operating within the context and setting of the inquiry (Ryan-Flood and Gill, 2010). It is also essential to acknowledge that participants in research have the ability to block or enable access by their silences and what they do say (Scherff, 2010; Letherby, 2003; Phoenix, 1994). Authors writing on intersectionality note the silences present at the intersection of women's experiences, which stem from the oppression and domination of power (Walby, Armstrong and Strid, 2012; Prins, 2006; Hill Collins, 1990). This noticing of silences is essential, aligning with the feminist tradition, which at its heart demands attention is brought to, and acknowledges, women's voices that have previously not been heard or seen (Ryan-Flood and Gill, 2010). As discussed earlier, I have applied Bacchi's (1999) WTPA to uncover silences and bring attention to what is not said. Below I note how I ensured I paid attention to the silences that occurred in the interviews.

Bacchi (1999) developed her WTPA, with its associated key questions (see section 4.4 for WTPA questions), to establish 'what's the problem represented to be?'. Refocusing

attention in policy analysis from problem resolution to understanding how the problem has been represented (Bacchi, 1999). In applying the questions of WTPA, Bacchi's (1999, p.1) goal is to move analysis away from "competing interpretations or representations of political issues" which lead to an identification of a problem and ensuing policy solution defined by the political actors involved. The attention is refocused to question how problems are defined, rather than attending to solutions without understanding how such concerns have come about (Bacchi, 1999). Whilst Bacchi's (1999, p.55) intention is to apply the WTPA to uncover gaps and silences in policy, I applied the model throughout the research process, during interviews (notes kept in a reflective diary) and through to the analysis of the recordings and transcripts, enabling an interrogation of the silences that are evident within the interviews.

Whilst there is much written on how feminist approaches to research should pay attention to what is not said, there appears to be less written on how one goes about doing this. In the findings of the study I identified five different ways in which silences occurred;

- In 'Umms' and 'ahhs', or the gaps
- Not answering the questions
- Glossing over
- Notion of comparisons
- Result of interviewer impact

Of course, it is not possible to be sure where silences exist, and any discussion on their potential is interpretivist in nature. Scherff (2010) also brings attention to the power held by the researcher in making choices about the data throughout the research process. However, there needs to be some way to look for silences in research, beyond suggesting that they are noticed. The silences in this inquiry brought an additional layer of data which may have been previously ignored had it not been for the act of applying the framework of Bacchi's (1999) WTPA questions. Using the questions of the WTPA (Bacchi, 1999) to interrogate what was said and not said during the interviews, led to the analysis of data becoming more robust, developing its validity and reliability.

Moving the WTPA (Bacchi, 1999) approach to focus on the silences in women's voices, rather than just the silences found in policy, meant that attention was brought to a number of areas that may have been missed if I had just applied the six-phased thematic analysis. One example of this was found in the comparisons between what women said and what they did not say, specifically at the points where women appeared to have no voice or words to describe what they felt versus the clear and ordered retelling of experiences.

Whilst it must be recognised that identification and interpretation is informed by the ontological and epistemological underpinning, alongside the impact of the researchers own personal and intellectual biography (Scherff, 2010).

As noted in chapter four, the ontological assumptions of this inquiry draw on subtle realist theory, recognising that knowledge is generated by the constructions of realities between people, whilst also agreeing with the shallow realist position that there is an external social reality (Blaikie, 2007). The subtle realist ontology has supported an approach in this study ensuring the realities of women's experiences have been heard and recorded, whilst simultaneously understanding that resulting experiences stem from, and are produced by, interactions of social actors. Essential to the commitment of paying attention to what is not said, equal acknowledgement must be paid, and witness given, to how women verbalise the reality of their experiences. Women shared with me experiences that caused great impact on their lives, and to suggest that these were constructions would fail to witness and fully record their voice. Additionally, there were experiences that were not mentioned, or 'glossed over', the harm that these events had caused women may not have been verbalised, but were still arguably very present in the silence. In addition considering what is said, or not said, in line with the literature brings attention to how the circumstances and experiences of women involved, or at risk of involvement in prostitution, result from the interactions and constructions of social actors. Whilst there remains a critique of this pragmatic compromise between the extremes of philosophical positions (Seale, 1999), I can understand why there is support for the middle ground of the subtle realist approach amongst practitioner researchers (Duncan and Nicol, 2004; Andrews, 2016).

### **6.3.2 Silences and intersections**

The additional underpinning of an intersectional approach brought further attention to silences. As discussed in chapter four, this study has been informed by intersectional feminism, and the experiences described by women involved in this study, demonstrated the "relational and dynamic view of power" (Prins, 2006, p.280). This is particularly evident, where women discussed not only their experiences of oppression, but also in their hope and plans for the future. Additionally, these findings support how the identity markers such as gender, class or ethnicity are neither exclusive nor limiting ways of categorising, but provide resources both to enable and support narratives, similar to comments made by Prins (2006). Echoing the literature on the concept of need, it appeared that the women involved in the study found difficulty in categorising and

labelling themselves as experiencing either a certain need or oppression, making the systematic approach to intersectionality often challenging to consider in practice. This study heard the narratives of women's experiences when they had sought help by discussing their experiences so one could establish the choices they had or had not made in their 'enacted narratives' (Prins, 2006).

As noted earlier, the women involved in this study frequently discussed their experiences in a similar manner to completing an assessment in a social care agency, appearing to be well versed in 'retelling their stories' in a manner that enabled them to 'find a way through'. I was concerned that it appeared the women were aligning themselves to some of the categories of needs already in place. I reflected that I had to ensure a robust analysis of what the women did and did not say in the interviews, so that I avoided just aligning with categories and labels present in policy and practice which appeared to be echoed in some of the women's narratives. I agreed with McCall (2005) that it could be distracting from the overall research task to spend time endlessly deconstructing categories of oppression and experience. I noted my concerns in chapter four, that I could easily end up aligning voices and experiences with categories that are already in place, and in doing so miss out understanding the presence of other intersecting factors. I found the application of Bacchi's (1999) WTPA helped with a robust analysis, whilst also taking a pragmatic middle road between unending analysis that could distract me from the task in hand, but ensuring I moved away from some of the established categories of needs and experiences I am trying to interrogate.

I found the application of Bacchi's (1999) WTPA integral in bringing an intersectional approach into action. The series of questions proposed by Bacchi, permitted an understanding of the 'enacted narratives' seeing differences and relationships between oppressive experiences. In analysing the data in a way that looked to establish what the problem was represented to be, rather than assuming what the problem was, enabled a focus on the relationships between these oppressions as deemed necessary by Walby, Armstrong and Strid (2012). Additionally, the application of Bacchi (1999) WTPA to intersectional feminism not only brought attention to oppressions experienced and how they occurred, but also developed themes in the analysis alerting me to women's strengths at the intersections, those of hope, finding a way through, and the positive images they had of themselves.

As I reflected on how the women involved in this study voiced their experiences and rejections of framings, I considered how they came to tell me about those experiences,

how they are heard and recorded by myself and other researchers. As Scherff (2010, p.84) comments, researchers have authority in their role of “sorting and rejecting data at different stages of the research”. This control begins at the earliest stages when identifying research questions, through to the analysis of the data and final write up (Scherff, 2010). I am mindful how researchers further add to the framing of women, and the extent to which women adhere to the framings that have been applied to them as a result of policy, and then what impact this has on the development of future responses. As Yuval-Davis (2006) comments, that ontological basis of social dimensions have to be remembered, and in this study, there is a concern how policy, service providers, professional training, researchers, and those seeking support from helping services, have framed or categorised experiences of women involved in, or at risk of involvement in prostitution. The necessity to pay attention to the ontological basis of social dimensions is also evident in the discussion set out earlier in this chapter, considering how need is framed and how women know that they have a need to which they have the right to receive help and support. Attention is also brought to the incongruity in language and framings used to understand the experiences of women involved, or at risk of involvement in prostitution. This is important as the framings and associated language, inform and impact policy, funding for helping provision, practitioner responses and how women choose to engage with any support on offer

In addition to paying attention to the silences found amongst women’s voices and the research process, it is also pertinent to note that women are frequently underrepresented in research relating to those experiencing multiple and severe disadvantages. Concern frequently focuses on men, or as detailed in a recent study; white males aged between mid-twenties and forties, who have been economically and socially marginalised (Bramley et al., 2015). However, Bramley et al (2015) noted that further research is required to understand the impact of multiple and severe disadvantage on women. The report funders allude to the gendered disadvantage affecting women, raising their concerns that “the least advantaged groups are the most likely to suffer the most extensive abuse across the life course” (Lankelly Chase Foundation, 2015, p.9)

### **6.3.3 Where need is silenced**

The term ‘need’ is a difficult and slippery concept to define, and its framing is dependent on who is naming and defining it (Godfrey and Callaghan, 2000b). I have generally talked about women’s ‘experiences’ rather than women’s ‘needs’, reflecting how women used language to describe their circumstances or the things that they had lived through, as



things that 'happened' to them rather as 'needs'. The things that happened to them, created circumstances which caused harm to their own and others physical and mental wellbeing, arguably creating a need for support. However, in hearing the experiences and preferences that were voiced and those that were held in the silences, a different 'problem' emerges, that need is silenced.

The intersecting experiences reported in this study are varied and complicated, as illustrated in the diagrams showing the intersecting and connecting experiences of women involved in this study (Diagram ii) and in the diagrams accompanying the individual vignettes (see appendix one). Many of the things that have happened to the women involved in this study echo the literature, and it can be argued they are a result of socially constructed oppressions and dynamics of power. In addition, women involved in this study brought attention to their experiences in childhood, the attachments and relationships they formed, the grief and loss they experienced, and their commitment to find a way through. It is questionable how these experiences are defined as needs in policy, and it is arguable that women's silence in referring to their experiences as needs, is also found in their feelings of being entitled to support. This would highlight a flaw in social care assessment and provision; if the experiences of women are not considered 'needs' that are either significant or requiring support response. It would also see that the way professional caregivers meet women additionally fails to effectively support what is causing them greatest concern. The need to trust and believe that the professional caregiver would offer effective, honest and reliable support was a priority for women to engage and sustain their involvement in helping services.

The things that have happened to women, and the decisions that have been made, frequently result from socially constructed circumstances. It is essential that professional caregivers work alongside women to hear their strengths, aspirations and hopes, and bring attention to the way that women are 'met'. It is arguable that policy makers and practitioners must bring woman to the centre of their focus, rather than only the socially constructions of power, oppression, risk to self and others. Whilst I have talked about the silences in the interviews of this study, it is also pertinent here to consider the silences within policy. Whilst there is not room for detailed analysis of policy, it is useful to attend to the silences therein and briefly explore the framing of women within them. As a way of bringing focus in what had the potential to be a wide scope of research, I carried out an in-depth qualitative study focusing on the experiences of women involved, or at risk of involvement in prostitution, to understand the decisions and choices they made when

seeking support from helping services. I shall also return my attention to the legal settlement on prostitution, as a way to consider where silences occur in policy.

As I have commented in chapter two, and more widely throughout this thesis, there are multiple experiences that can be argued create the environment or circumstances in which women become involved in prostitution. These experiences frequently included childhood abuse, violence and trauma, supporting their own or others substance use, alongside poverty and homelessness (APPG, 2014; Coy, 2016b; Matthews et al., 2014; Cimino, 2012; Cusick, Martin and May, 2003; Hester and Westmarland, 2004). The language of choice, aligning with the neoliberal principles of self-management of care, is disingenuous; with overwhelming numbers of women becoming involved in prostitution as a result of poverty, and significantly high numbers of women saying that they were either coerced into prostitution, with many reporting involvement before they were eighteen years of age (APPG, 2014). Additionally, the recent increased focus on the trafficking of human beings has brought attention to the numbers of women and girls trafficked for purposes of sexual exploitation into and within countries where there is demand (GRETA, 2016; National Crime Agency, 2017).

The extensively reported experiences of women involved in prostitution, not only in the research literature, but also in survivor testimony establishes that women are exploited across a range of activities including pornography, trafficking of human beings, child sexual exploitation and prostitution that can occur indoors or on the street (Moran, 2015; Space International, 2017; Valisce, 2017; Bindel, 2017; Grootboom, 2016; Farley, Franzblau and Kennedy, 2013; Dines, 2010). The experiences that stem from the continuum of sexual exploitation include, violence and death, rape, physical and mental abuse with long-term experiences of trauma, frequently noted as post-traumatic stress disorder (Farley, Franzblau and Kennedy, 2013; APPG, 2014; Matthews et al., 2014). In addition to the impact of involvement in prostitution on women, it is also well documented that other aspects of their lives also become more difficult and challenging, for example getting a criminal record as a direct result of involvement in prostitution, illicit drug use, or acquisitive crimes such as theft, which in turn makes finding other employment particularly difficult further entrapping women in a cycle of debt and prostitution (Harvey, Brown and Young, 2017; Matthews et al., 2014; Bindel et al., 2012; Sanders, 2007).

The final report of the All-Party Parliamentary Group assessing the current legal settlement on prostitution in England and Wales, established that the failure to have in place “a clear and consistent political strategy has resulted in legislation which

simultaneously condones and condemns prostitution...ambivalence is translated into inconsistent and unbalanced enforcement, which often targets the victims of coercion rather than the perpetrators” (APPG, 2014, p.8). It is arguable that current policy is silencing women, with the burden of criminal responsibility laying primarily with women who frequently are at risk of violence and death, with significant numbers reporting that they were coerced into involvement (APPG, 2014). In addition the legislation, in its current guise, is protecting those who exploit women and girls (APPG, 2014; Bindel, 2017).

An abolitionist model of legislation, decriminalising those involved in prostitution whilst criminalising pimps and buyers who exploit them, would shift this burden of responsibility enabling women to be seen as victims of violent crimes and exploitation rather than as criminals. As noted in chapter one, the change in legislation to an abolitionist model in Sweden, followed the parliamentarians agreement that prostitution was incongruent with a gender equal society and was thus considered as violence against women (Ekberg, 2004). Whilst there have been a number of countries which have been adopting this model, it is the recent changes in French legislation to enact an abolitionist approach that appears a coherent response to the experiences reported by women in this study. Echoing the stimulation to change the Swedish legislation, the French parliament agreed in December 2011 that prostitution was inherently violent, and described prostitution as “an obstacle to the constitutional principle of equality between women and men” (CAP International, 2017b, p.15).

The French legislation made provisions to support women involved in prostitution, attending and responding to their experiences and needs (CAP International, 2017b). Whilst it should be recognised that this legislation is in its infancy, it is notable that it is an inclusive policy aimed at helping those involved in prostitution find their way through systems and get support from provision that had previously been challenging to access, such as housing, employment and healthcare (CAP International, 2017b). In addition to bringing together state run services and non-governmental organisations by setting up a dedicated budget to support victims and deliver prevention programmes, the legislation also makes provisions for “social worker studies and training...(that) must include a module on the prevention of prostitution and the identification of situations of prostitution, pimping and human trafficking” (CAP International, 2017b, p.6).

Whilst this provision created in the French legislation does not overtly seek to address training of professional caregivers in the details of interaction and methods in which

support is facilitated, it does begin to develop an understanding within legislation of the experiences and needs of women involved, or at risk of involvement in prostitution. Reflecting on the change of attitudes and opinions found in Sweden following its change in legislation to an abolitionist approach (Nordic Model Information Network et al., 2016; Länsstyrelsen Stockholm, 2014), one would expect that a change in policy will develop understanding of professional caregivers to the needs and experiences of women involved in prostitution. That this would not only enable improved practical responses to the care and support of women, but also instil awareness that involvement in prostitution is no longer considered a choice women make, but is act of violence against women enabled by the inequalities of societies structures. It is argued by many survivors, front-line service providers and academics (Space International, 2017; Moran, 2015; CAP International, 2017a; Bindel, 2017; Raymond, 2013; Coy, 2016b; APPG, 2014; CATW, 2017), that changing legislation to an abolitionist model enables the reframing of women in wider policy, helping service provision and allied professionals, and society in general, making silences noticeable, heard and responded to.

In this chapter I have set out three broad areas of discussion to explore the decisions and choices made by women experiencing multiple and complex needs when seeking help and support. This discussion has been across the following themes, the tensions within framing need, making decisions and choices, and silences in research. The next chapter includes a summary of the findings, details on how I have responded to the research questions, indicating contributions to the literature. There will also be a brief outline of implications that arise from this study for practice, policy and further research. Contributions this study makes to the wider literature will be clarified, including the application of Bacchi's WTPA to the research task and subsequent data analysis.

## **7 Conclusion**

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My journey to this research began through observations and reflections made in practice. I had noticed that women appeared to be dropping out of services because their needs, experiences and circumstances were not responded to in a way that was helpful to them. At the same time I became increasingly aware of literature addressing some of the perceived barriers experienced by women when seeking help. I wanted to know how services could be improved by better understanding the choices and decisions women made when seeking help and support.

In this study it has become evident that if women do not understand their experiences as needs for which they are entitled to access help, then they are unlikely to identify that they can access the support available. In addition it has been established that the way women are 'met' by professional caregivers has a significant impact on their decision to seek support and continue attending helping services. Throughout this research the application of WTPA enabled a pragmatic method of putting an intersectional feminist approach into action. This study also makes a major contribution to the literature in the way it has addressed theoretical and methodological issues about how silences are noticed and heard.

To provide context for this research I gave an overview of the literature. The first chapter reviewed the discourse surrounding the legal settlement on prostitution alongside a brief outline of policy concerns relating to trafficking of human beings. The second chapter includes literature outlining the development of the concept of need and its role in social care policy, the integration of the term 'multiple and complex needs' within practice language, and a review of research outlining the experiences and needs of women involved in prostitution. The third chapter considered literature on the way services are organised and respond to need, compiled in a taxonomy of helping services. Some of the theories of change and intervention that inform social care provision were discussed, alongside commentary on research indicating the impact of neoliberalist discourse in delivering social care. Evident in this review of the literature was the need to understand decisions and choices that are made by women experiencing multiple and complex needs when seeking help and support.

This thesis has broadly addressed three areas; the first is the framing women apply to their understanding of need and the impact this has on the entitlement they feel they have to access support. The second area draws attention to the dissonance between the framing of needs by women, and the way their needs are framed and responded to by helping services. Finally, the third area of this study brings focus and attention to silences in research, following Bacchi's WTPA, as a method of enabling the breadth and detail of women's voices to be heard.

I have been privileged to work alongside an organisation that supported this study and recruited women to be involved in the interviews. The women involved shared current and previous experiences, alongside engaging in conversations about what they liked or did not like when seeking help from services. With the application of Bacchi's (1999) WTPA to interviews, data analysis and presentation of findings, I was able to bring attention to the silences. Using the WTPA framework of questions to explore data and present findings enabled an understanding of experiences at the intersections, rather than aligning with the policy informed categorisation of needs.

A number of tensions emerged from the findings; for example, women described things that happen to them, rather than expressing them as needs that have to be met. The language of 'need', prevalent throughout policy and practice, was notably absent in the way women talked about their own lives. As argued throughout this thesis, if women do not understand that they have a need to which they are entitled to receive help, then this will impede them from accessing help and support. Additionally, if women's experiences are not viewed as needs to which support is provided, this will also leave women without access to help.

The women involved in this study made decisions and choices when seeking help and support. In addition to environmental or practical reasons, the experiences women had with various professionals impacted on their attendance. The women in this study 'read' caregivers' behaviour, making decisions about whether to trust people and keep attending a service, or leave and not return. By leaving, women are frequently putting themselves at potential disadvantage or their personal safety at risk, a concern referenced elsewhere in the literature (Matthews et al., 2014). In addition I highlighted the need to focus on the interactions between women seeking help and support, and professional caregivers, referring to McCluskey's (2005) model of goal-corrected empathic attunement. Bringing attention to how women are met when seeking help and support is essential, and

McCluskey (2005) sets out the impact of previous care-seeking experiences on current interactions.

Creating a safe environment for trusting and supportive relationships to develop, requires professional caregivers to recognise the importance of their interactions with careseekers, and there has been increasing support for social care to refocus delivery within the values of relationship-based practice (Folgheraiter, 2007; Ruch, 2005; Trevithick P, 2003). However, as discussed in chapter three, there is increasing awareness that helping services have become informed by neoliberal discourses. The services and models of intervention informed by neoliberalism appear to be in conflict with the tenets of relationship-based practice and trauma-informed care (Elliott et al., 2005; Covington et al., 2008; Hopper, Bassuk and Olivet, 2010). The findings of this study support the need for trauma-informed care as a relationship-based approach (as discussed in chapter six), responding specifically to the experiences and needs of women who are, or have been, involved in prostitution.

By applying Bacchi's (1999) WTPA to interviews, analysis and presentation of findings, it brought attention to the intersections and the silences. Looking for and listening to silences enables researchers to move beyond the framing that can occur when political actors directly inform responses found in policy solutions (Bacchi, 1999). The WTPA supports an intersectional approach in research, enabling the researcher to expand on the usual framings of one group oppressing another, hearing experiences at the intersections (Prins, 2006). During this research I was particularly struck by the finding that all women involved in this study had experienced loss and grief of close family and friends, I reflected on the potential impact of this experience and how rarely this was addressed in standard assessment documentation I had seen in practice.

Despite much discussion about the importance of looking for silences in feminist approaches to research (Ryan-Flood and Gill, 2010; Letherby, 2003), there is little direction on how to notice when they appear. The questions set out in Bacchi's (1999) WTPA required me to look, identify, see, hear and analyse the silences that appeared. This was particularly helpful as I began to notice comparisons between what was said and what was not said, for example at the points where women appeared to have no voice or words to describe what they felt versus clear and ordered retelling of experiences. Whilst it is clear that any identification and interpretation of results from the ontological and epistemological underpinning, alongside the impact of the researcher's own personal and

intellectual biography, this application of the Bacchi (1999) WTPA, has facilitated an interrogation and analysis of the data enabling silences to emerge.

## **7.1 Research questions**

After reviewing how the thesis developed into three broad areas of discussion, I shall return to the research questions that informed this study.

- i. What are the different understandings of complex needs?
- ii. In what ways do the constructions of complex needs underpin services for women?
- iii. What are the narratives and experiences of women considered to have complex needs?
- iv. How can an understanding of women's decision making when seeking and accessing help and support be developed?

Early on in this thesis the context for this study was set out, detailing the concept of need and development of terms such as 'multiple and complex needs' and 'severe and multiple disadvantage' in the policy and practice language. This study has brought attention to women involved in prostitution; to understand their experiences before, during, and after their involvement in prostitution, demonstrating the breadth and multiplicity of support needs. Consideration has been given to the way policy responds to these experiences, and the attention that needs to be paid to how women are met and responded to by helping services. Bringing attention to the voices of women involved in prostitution and hearing their experiences, enabled focus in what had the potential to be a very wide scope of study.

In considering the ways constructions of complex needs underpin services for women, I observed that the experiences reported by women involved in this study mostly reflect the literature. I noted that the language of 'need' prevalent throughout policy and practice was absent in the way women talked about their own lives. I argued that if women do not understand they have a need for which they are entitled to help, this would impede them from accessing available support. Additionally, if women's needs are not considered then



they will be left without access to help. This indicates how the socially constructed concept of need has a central role in rationing service provision.

The way women retold their stories in the interviews seemed to echo assessments I had carried out in practice, in the topics they covered and the order they did so. This led me to consider the way women hear how professionals frame particular needs, and frame their experiences to gain attention and help. This is particularly pertinent as women involved in this study 'found a way through' situations, in their frequent references to 'retelling ones story'. The findings of this study suggest that there are complex and multiple difficulties women experience that may not be addressed by professional caregivers as they are infrequently considered as needs, or 'professionally defined needs'.

In seeking to understand the narratives and experience of women who are considered to have complex needs, I contextualised the findings of this study within the wider literature. Whilst no list can be exhaustive or truly comprehend the intersecting and varied experiences, I set out a broad overview encompassing what is known about the needs and experiences of women involved in prostitution. This included experiences of using drugs and alcohol as a way to numb experiences, the sexual, physical and mental exploitation of those who are trafficked, the reports of violence and subsequent trauma faced by women involved in prostitution, with long-term significant mental ill-health as a result. In addition attention was brought to the inequalities within the criminal justice system that harm and disadvantage women, with processes that provide essential access to safe and secure housing appearing to often work against the needs and experiences of women involved, or at risk of involvement, in prostitution. This only begins to offer a broad overview, and in no way can detail the impact of varied, individual and intersecting experiences which additionally include age, class, ethnicity, education and the interplay with wider social structures.

In the findings chapter the lived effects and experiences of the women interviewed were presented thematically, alongside barriers faced when trying to seek help and support, as well as thoughts on what they felt would be helpful. This illustrated the multiple and intersecting experiences of women, ranging from their roles as mothers, the impact of housing and homelessness on their wellbeing, the implications of relationships on their lives, experiences of rape, violence, substance use, mental ill-health, and difficulties associated with making, taking and managing money. The women involved in this study talked about difficulties attending services and just not getting the help they wanted, or feeling that the support on offer would not help. Additionally women talked about the

challenges of turning up for appointments, the implications of not attending, explaining how hard it is to do anything when their priority was to find a place to sleep that night. Other women talked about the services they liked and found helpful, yet they were disappointed to see them coming to an end, either through funding cuts or because they were only allowed to attend a set number of sessions. It was also reported by women involved in this study, that they did not feel comfortable at some services, while other services were in geographical areas where they did not want to return. Conversely, those helpful responses, or responses that were seen as potentially helpful, focused on the behaviour of staff, their ability to listen and commitment to promised actions. It was important for the women to have trust and belief staff were going to do what they said they were going to do; this was also viewed as seeing keyworkers 'fighting their corner'.

The presuppositions or representations were evident in the ways women felt viewed. Women talked about how people looked down at them, often histories of previous or current drug use informed the way felt viewed by others. For a number of women, their sexuality had been framed as problematic by their culture and families. There was also a sense of how women felt they are a low priority for service providers. Through the analysis emerged the dominant idea of 'families and mothers', and for many of the women their absent mothers remained an on-going issue in their adult life. Many women wanted to prove something to their mothers or wider family, or build relations again with their own children providing the main motivation to seek change in their lives. This was set amongst other experiences of loneliness and seeking company.

Other key findings emerged from the way women talked about how things 'happened to them'. Women described things that happened to them as a way of talking about the facts of their experiences, but not as a passive experience conveying a lack of engagement or involvement. However, it was often accompanied by reports around a lack of choice and being forced to do something, from social services intervention in child protection cases, through violent relationships. In comparison to this idea of things happening, was the dominant idea of 'making choices and decisions'. Within the narratives about decisions made, women presented positive images of themselves, their personal esteem and sense of self. It seemed particularly significant that women talked about moving forward and not going back, with determination to find a way through situations or circumstances. The majority of the women talked about their plans for the future, seemingly accompanied by a sense of hope.

The dominant idea of 'they don't really care' illustrates how women were very aware of how they were met, talked to, heard and responded to. These interactions had an impact on their engagement with staff and services. The women were attuned to body language and their ability to read people; informing the decisions they made about trusting and believing that people were going to help them. Once trust and belief in staff was in place, then women talked about wanting to be 'pushed sometimes'.

The women sought to challenge some of the dominant problem representations and assumptions, by disagreeing with either how they felt they had been framed or how services behaved towards them. Much of this challenge of framing was voiced by women in a position to reflect on their own journey and understanding of self-worth. In this they sought to challenge judgements people make about women, wanting others to understand the experiences that led to circumstances they find themselves in. Simply put, reminding others that they were human too, equal to other citizens and should be treated as such. Women challenged the way services, and their staff, behaved towards them by finding another keyworker, another service or another way through. Above all, the most significant finding was evident in the way women valued their self-worth; with determination to prove that there was something good about them, recognising their achievements in adversity.

An examination of how an understanding of women's decision making when seeking and accessing help and support could be developed began with the way women involved in the study talked about their experiences of seeking help from services. There was clarity in the aspects of service provision they found helpful and supportive, and those that were not, either due to the environment or practical reasons, or because of the way caregivers met them. The experience of how they were met by staff in services had a significant impact on their on-going attendance. The women in this study 'read' caregivers behaviour and made decisions about whether they could trust people and keep attending a service, or leave and not return.

Prior to considering how women were met by services, I paid attention to environmental challenges. Hostel provision was frequently deemed unsuitable or unsafe by those involved in the study, with women often choosing to sleep on the streets in preference, detrimentally impacting on their physical and mental wellbeing (Matthews et al., 2014; Davis, 2004). Access to safe and secure housing is considered essential to support women and this study echoes this view. Earlier in chapter three I set out the challenges interwoven in the prevalent linear housing model and note other options to be considered,

such as the Housing First model. Improved housing provision would enable women to prioritise choices and decisions about their future, rather than worrying about where they are going to sleep that night.

This consideration of safety was echoed throughout the interviews. Women choose not to attend services if they are not feeling safe, and whilst a female only environment was seen as important, the realities of what was considered a place of safety went beyond this. Women described a place of safety as a pleasant environment, one without dark corners where people could hide, and in a geographical location where they felt safe to visit without meeting people they would rather avoid, or emotions and memories which were too difficult to manage at the time. The feeling of safety relied on staff and their behaviours, their knowledge of women attending, and their ability to create a calm environment where women were met thoughtfully and respectfully. As discussed in chapter three, the model of trauma-informed care responds to such concerns identifying them as a necessity to effectively support women. Corston (2007) commented that whilst there is a weight of research indicating the necessity for more responsive services, there remains a prevalent institutional misunderstanding of the experiences and needs of women.

This study has illustrated the experience women have when required to attend multiple appointments, making decisions and choices about attending and returning to services. I commented on the challenge of understanding the taxonomy of helping services (found in section 3.1.1) from the experience of women seeking support, illustrating the difficulty gaining access to help, attending appointments with a variety of providers, and the implications when women do not attend. The implication of such barriers to accessing help and support is that further vulnerabilities to exploitation are created. I noted the significant implications for those who have been trafficked and/or are stateless, refugees or seeking asylum, where the network of potential support is failing to effectively respond, further increasing the risk to women who have already experienced some of the most hideous abuses.

Women involved in this study had a clear preference for how they were met by services, and conversely what prevented them from accessing or returning to helping provision. They talked about how they 'read people', something they had learnt from previously being let down, and I contextualised this finding within the work of McCluskey (2005) and her concept of goal corrected empathic attunement. Being able to 'read people' was the tool women used to decide if they will be able to trust people to help them, drawing

attention again to the importance given by women to how they were heard, met and listened to. Careseeking has an impact on choices and decisions women make when seeking help and support. One of the women talked about her nervousness when approaching services for help, which is in addition to the anxiety she already felt about her circumstances. The impact of unsuccessful careseeking can lead individuals to withdraw, become angry or despair (McCluskey, 2005), creating a cycle of unhelpful expectations when help is next needed or sought. The work of McCluskey (2005) clarifies the need to focus on interactions between careseeker and caregiver, as the complexities of this meeting are rarely fully understood. The ethos of the relationship-based approach of trauma-informed care appears to be in conflict with interventions and provision informed by neoliberal discourses present in today's social care.

The reports of women involved in this study who talked about their grief, loss and loneliness should be read alongside McCluskey's (2005) finding, that experiences of poor careseeking is often mitigated by support of friends and family to counter its effects. The need for support to attend appointments, to have someone to walk beside you on difficult journeys, has not been promoted in the outcome focused models of intervention evident in the neoliberal discourses as discussed in chapter three. This leaves many women in complex and dangerous circumstances making difficult choices and decisions without the support that most people expect in life. This finding also brings attention to the potential effectiveness in mutual aid support groups as a counter balance to some of the wider challenges found in seeking help and support.

## **7.2 Limitations and strengths**

As expected, there are strengths and limitations to a study of this size and nature. Whilst the strength of hearing women's voices has led to interesting and insightful commentary offering implications for practice development, it can not be escaped that this is an in-depth study within one agency. The findings are an honest and transparent reflection of women's experiences and opinions on helping services, but this is limited by focusing on one agency. I had initially hoped to interview staff at the agency, however due to staff turnover and limited number of staff available at the time of research, it became impossible to enable them anonymity. The ethics of the research was a primary concern, whereby maintaining the wellbeing of those involved was paramount. Ethically engaging women in research who experienced the circumstances as detailed throughout this study is one needing careful thought and attention, something which I believe has been achieved in the way I approached this inquiry, and I will detail further why this is the case.

Returning to the size of the study, it is evident that further research can be developed from the findings of this inquiry, with further time and resources the scope and breadth can be expanded to ensure diversity and volume of voice is heard. Gaining access to services is not to be taken lightly, and rightly many agencies protect the users of their services from becoming repeated interviewees for research. There is also potential for researchers to cause harm through the questions they ask and the memories that are uncovered as a result. Asking to interview women involved, previously involved, or at risk of involvement in prostitution is a significant undertaking given the experiences of trauma detailed throughout this study. My commitment to improving services for women helped navigate some of these concerns by developing a working relationship with the front-line service, their staff team and the women they support.

Whilst this personal commitment to improving services for women has enabled access for research to take place, it also produced other challenges, particularly relating to my positionality within the study. Throughout this research I have been mindful of my various and changing (insider and outsider) positions; noting at times it may have limited the study or created silences, particularly in the way women responded in interviews. However, my insider position and experience as a practitioner brought a significant strength to this study. Not only did I gain access and undertake interviews, but also I was mindful that my practice experience led me to ask questions that others might have missed. There were times when I did not ask questions because of what I thought might be happening and in my concern to do no harm, whereas without the practice insight other researchers may have asked the question with little consequence.

My additional experience in practice and close working with the team at The Hana Centre enabled a careful approach to recruitment into the study. I worked alongside the team to agree on how potential participants would be identified, considering indicators suggesting that involvement may cause distress. Additionally, at that time I felt reasonably confident that given my experience I would be able to assess wellbeing and decide how to proceed with the interviews. Again, the close working with the lead support worker at The Hana Centre and an explicit understanding of their support systems, gave confidence in aftercare if needed. There was one interview I ended sooner than planned, as I was aware that the participant had probably used some drugs that day and reported a diagnosis of schizophrenia. The complexity of research ethics in practice was evident, and all times I was aware of the challenge of hearing voices and not creating silences through my decisions as a researcher. My knowledge as a practitioner, having worked

extensively in drug and alcohol services, enabled me to consider the consistent and long-term use of drugs, how the person in front of me managed this on a day-to-day basis and the potential impact on their interactions. The assessment of the staff team and myself allowed for a double check to protect the wellbeing of the women involved, but also enabled the voices of women to be heard who elsewhere may have been excluded as a result of active drug use or mental ill-health. Ultimately there is a reality of the experiences that I have been uncovering and discussing throughout this research, ensuring the breadth of women's voices are heard in such circumstances requires close and sensitive attention to the ethical concerns.

A major strength of this research is found in its focus observing and listening to silences. Whilst researchers can comment that they looked for or listened to silences, the application of Bacchi's (1999) WTPA ensured a robust and thorough approach to this process. Additionally, looking for silences in the transcripts and recordings was particularly powerful, enabling comparisons between the way women conveyed their experiences and thoughts. In addition, from repeatedly reviewing the transcripts and recordings, I began to see how women 'glossed over' certain topics. Emerging from the data in this study is recognition that silences in women's voices appear in many forms, it is not just what is not said, but also the things that are said in different ways to other dialogue.

### **7.3 Originality and contribution**

The value of this study is found in its originality, as a primary piece of research involving women who attend The Hana Centre for support; as such, it is the only study, reporting experiences and preferences of women involved, or at risk of involvement in prostitution, when seeking and accessing support and help.

In undertaking this research I sought to contribute to a body of work in three areas. The first is in the way women frame their understanding of need. Where women involved in this study did not refer to their circumstances as need, they talked about things that had happened to them. The language of 'need' prevalent in the practice and policy was notable in its absence when women talked about experiences leading them to access The Hana Centre. The way women involved in this study frame their experiences is not one that easily translates into the framing of 'needs' by practitioners and policy. I brought attention to the gaps and silences in the legal settlement on prostitution (England and Wales), referencing provisions made under the recently ratified French legislation that

appear to respond to some concerns raised in this study, recognising the experiences of women involved in prostitution as needs for which they have the right to access support.

The second area where this study contributes to a wider body of work, relates to the application of Bacchi's (1999) WTPA. In the study I have applied Bacchi's (1999) WTPA, both methodologically and theoretically. WTPA was conceived to interrogate policy and understand what the problem is represented to be therein. In this study WTPA has been applied in preparation for this research, as well as in the analysis and as a method to structure the findings. It has offered a framework to promote robust investigation. The WTPA helped me to step away from the policy and practice language, which can frequently inform the way questions are asked, responses heard, and data categorised. In applying the WTPA (Bacchi, 1999) in interviews and subsequent analysis of the data, attention was brought to silences being as important as the things that were said. A striking example of this was when Jane said, "I know what I know...but can't say what I know".

In addition to the application of WTPA (Bacchi, 1999) as a methodological tool, the approach has also provided a way to find an effective middle ground when bringing the theoretical concept of intersectionality into qualitative research. This is the third area where this study contributes to the wider body of work. Application of the WTPA uncovered what the problem is represented to be from the view of the women themselves, rather than applying the usual policy derived framework of needs, experiences and suppositions. Applying the theoretical concept of intersectionality has underpinned this research. The application of WTPA provides a framework to uncover the experiences at the intersecting points of oppression and need, without entering into unending classifications or aligning with those arrived at in policy (as discussed in chapter four). More specifically this framework enables the theoretical intersectional middle ground of McCall's (2005) inter-categorical approach to be put into action in research.

#### **7.4 Recommendations for practice and further research**

In a society with limited resources to invest in social care, alongside wider challenges to the political and economic environment, it seems essential to ensure that helping services are developed to be highly effective and responsive to the experiences and needs of women involved, or at risk of involvement in prostitution, for reasons evident throughout this thesis. Access to safe and secure housing is a paramount concern for women involved in this study, aligning with the findings of Matthews et al (2014). The lack of



accommodation causes circumstances to become more complex for women, with detrimental impact on overall wellbeing and personal safety. Without somewhere safe to sleep women's ability to access support is impeded, significantly affecting the decisions and choices made when seeking help. As discussed in chapter two the prevalent liner-housing model is a poor fit for women experiencing multiple and complex needs. Alternative models of housing support that address and respond to the intersecting experiences and needs of women are urgently required.

Services providing support for women experiencing multiple and complex needs should pay attention to the tenets of trauma-informed care, to help provide a safe environment for women to build up trust and belief in support services. In addition, training staff to understand the various reasons and ways individuals approach seeking help, both in the role as careseeker and caregiver. This is supported by McCluskey (2005) who comments on the need to develop the training of caring professionals from general communication skills to bring attention to the interactions themselves. Whilst focusing on the individual interaction, consideration needs to also be paid to the myriad of helping services that are available, and how women are supported to access and navigate them.

In addition to making changes in the training of caring professionals, the way women's experiences are considered as 'needs' in policy development has to be addressed. Attention in policy has to be brought to the intersecting experiences that result from multiple oppressions. This study has highlighted the discourse and policy implications of the current legal settlement relating to women involved in prostitution. The provisions under the recently ratified French policy on prostitution seem to consider the needs of women, alongside their current and future care. As part of this new policy, the French legislation made provision for the training of social workers to understand the experiences and needs of women involved in prostitution (CAP International, 2017b). Whilst the APPG (2014) recommended that the burden of responsibility has to be moved from women to the buyers and pimps, there is clear indication that this needs to go further, ensuring that women's intersecting experiences and needs are taken into account enabling access to effective care and support. The Swedish model is another example of a change in policy that can have an impact on the attitudes and understanding across society (Nordic Model Information Network et al., 2016; Länsstyrelsen Stockholm, 2014). With a change in attitudes and understanding in society bringing attention to the experiences of women involved in prostitution as needs that should be supported by helping services, rather than as active choices that are criminalised or stigmatised. The presence of survivor testimony (Space International, 2017) in the on-going prostitution legislation debate, brings attention

to the power and benefit of ensuring that women's voices are present and heard in the decision making arena at every level.

As an understanding of Child Sexual Exploitation (CSE) is becoming more prevalent, the 'dots need to be joined' by social care professionals to understand that women involved in prostitution are frequently the same person as the child (Coy, 2016b). It is challenging to believe that an individual's ability to make choices and decisions develop overnight, as reflected in the different legislative approaches around CSE and prostitution. However, this is the dissonance in legislation and it impacts the way women are met and considered by law enforcers, health and social care providers, policy makers and the wider community. Research has repeatedly evidenced that the majority of women involved in prostitution did so before they were eighteen years old. In addition there has been increasing awareness and legislative response to human trafficking (Modern Slavery Act 2015 c.30), amongst which attention is being paid to trafficking for the purposes of sexual exploitation. Whilst attention is brought to the needs and experiences of women involved in prostitution, it is important to note that there is a continuum of abuse and violence against women for which prostitution is a part (Farley, Franzblau and Kennedy, 2013). By separating the language and the legislative response, it appears to result in a situation where some women are considered to make choices about their circumstances and this can impact on the care they receive. There is much evidence within this thesis, and elsewhere, to suggest that this is 'disingenuous' (APPG, 2014).

Developing the scope of this study to gather evidence from more women in a broader spread of geographical locations has the potential to strengthen and develop knowledge in this lesser considered area of concern. Not only could many of the women in this study be considered 'global citizens', but also essential is the need to pay attention to the impact of the current refugee crisis and increased numbers of women who have been trafficked for purposes of sexual exploitation (National Crime Agency, 2017). Ensuring future research considers the experiences and needs of women from both inside and outside the UK seems essential. Additionally, this could capture the experiences of being supported by varying models of helping provision.

This study demonstrated that the way women are met by helping services has an impact on decisions they make about the services and support that they will attend and be involved with. These decisions appear to stem from experience of how women invest trust and belief in people. The way women are met is fundamental in the effectiveness of support offered, alongside clarity in the systems and processes that women engage with

to achieve positive changes in their lives and exit prostitution. This is essential to an environment of support creating a feeling of safety, providing somewhere for women to come back to. Women identified elements of support they found helpful which looked, at times, very different to current models of helping provision. Developing these findings from an in-depth inquiry in one setting to a larger study, both in participant numbers and geographical reach would advance this understanding. It would be useful to understand how professionals supporting women involved, or at risk of involvement in prostitution, explain what they consider effective and helpful. In addition, developing creative methodological and participatory approaches to research may be beneficial, as using words to describe experiences is not always available to those whose voices need to be heard.

## **7.5 Concluding comments**

This study has broadly addressed three areas in the exploration of decision making by women experiencing multiple and complex needs. This study has drawn attention to the way that women frame their experiences as needs or otherwise, and the dissonance this has with the language and understanding of policy and practice. The concern here is that if women do not understand their experiences as needs for which they are entitled to access help, they are unlikely to identify that they can access the support available. Additionally, a lack of awareness amongst professional caregivers to understand the way women frame their experiences as things that have happened to them, further impedes women's access to services. It can be argued that some of the experiences women have talked about in this study are rarely considered as needs that should be responded to and supported.

The way professional caregivers 'meet' women has significant impact on their decision to seek support and continue attending helping services. The women involved in this study made assessments if they could trust professional caregivers, by the way they were spoken to and the body language of staff. Women invested their trust in staff at helping services when they did what they said they were going to do. They made their assessments of staff behaviour quickly, reflecting a need to do this elsewhere in their lives to protect themselves. The application of WTPA has enabled a pragmatic method of putting an intersectional feminist approach into action, to hear the voices and experiences at the intersections. Finally, the major contribution of the study has addressed theoretical and methodological issues about how silences are noticed and heard.

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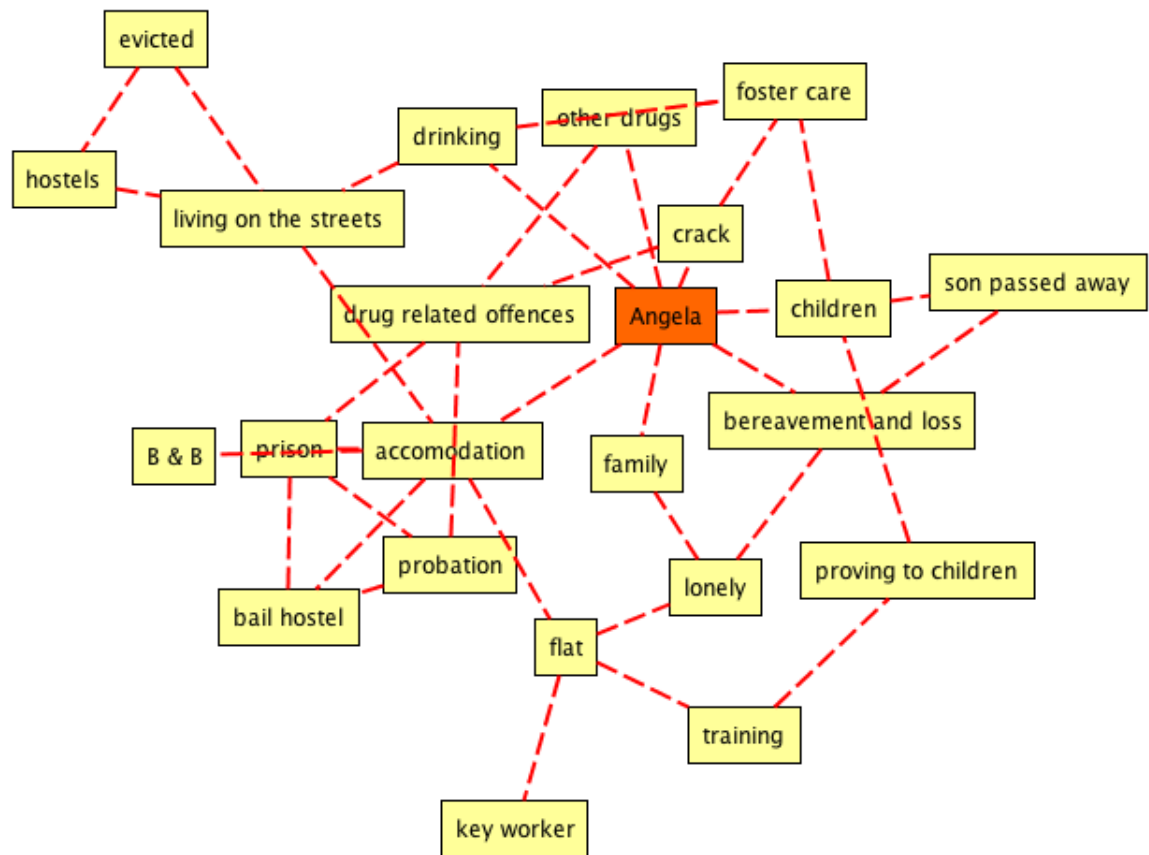
## Appendix One: Vignettes and intersecting experience diagrams

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### Introduction

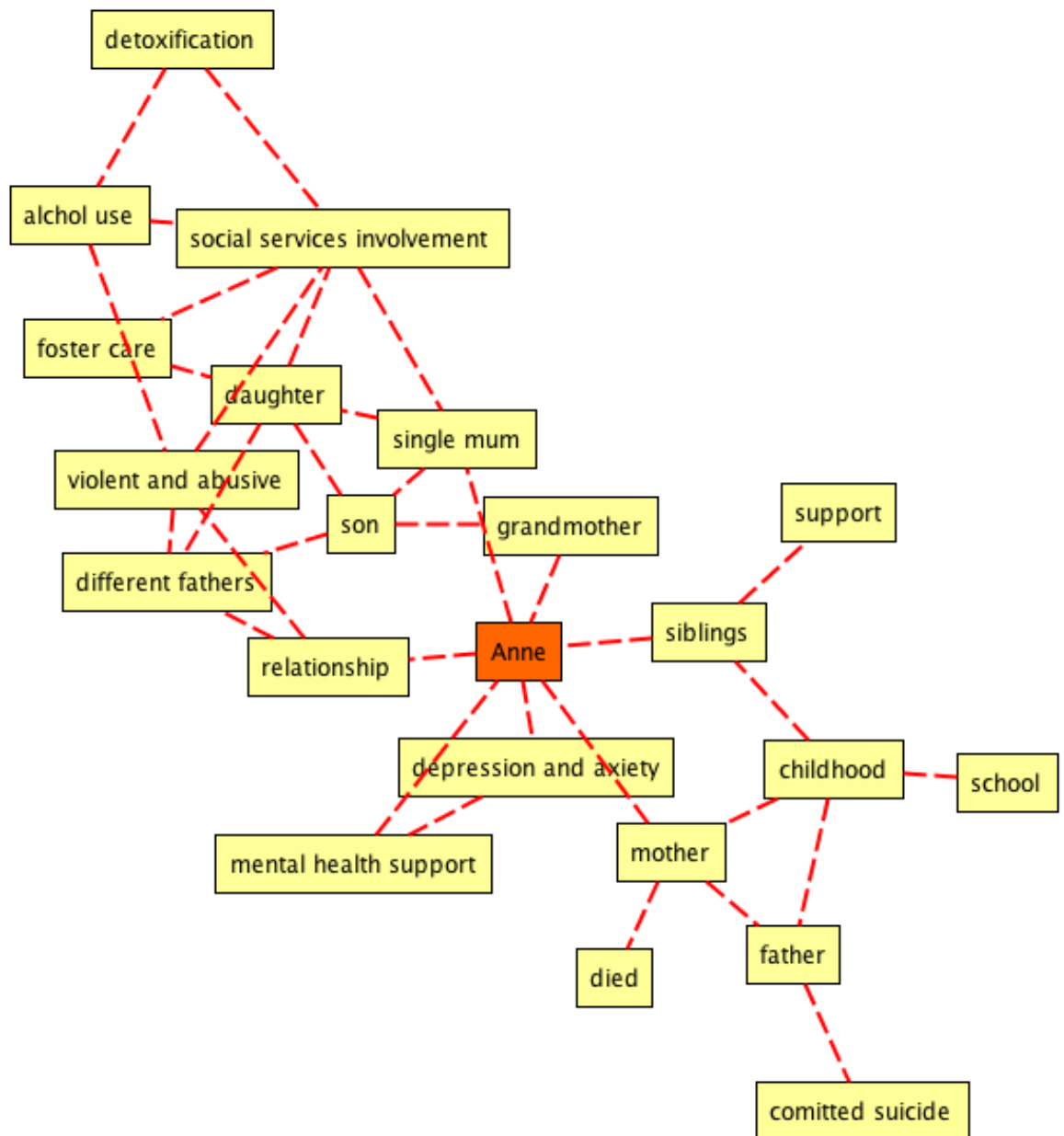
Below are brief vignettes of the women who were involved in the interviews. I have also illustrated their experiences in diagrams, as a way to illustrate their intersecting nature.

### Angela



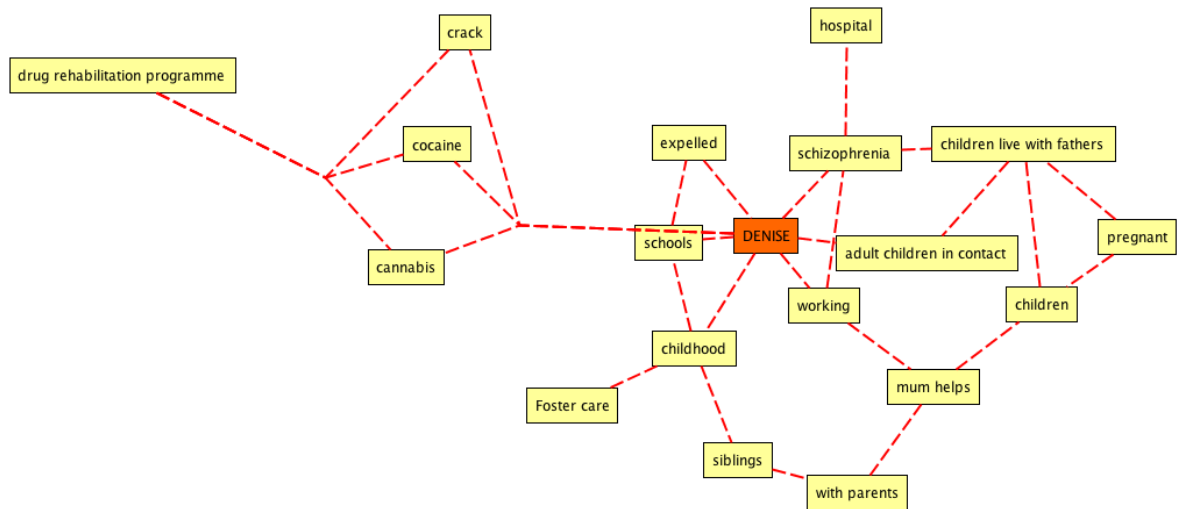
**Angela** is in her mid forties and has a history of drinking and using crack and heroin, with time spent in prison for drug related offences. One of her two children passed away in the last decade, and she talked about her feeling of loss and grief. She lives in a flat and has a support worker.

## Anne



**Anne** is in her early forties, with one of her children living with her and another with its paternal grandparents. Anne's parents died when she was a child, her mother as a result of alcohol use and her father committed suicide. She left school at sixteen, and reported heroin use as a teenager. She was in a violent relationship with an ex-partner when social services became involved with concerns for her children. Anne has her own accommodation, and receives on-going support for anxiety and depression.

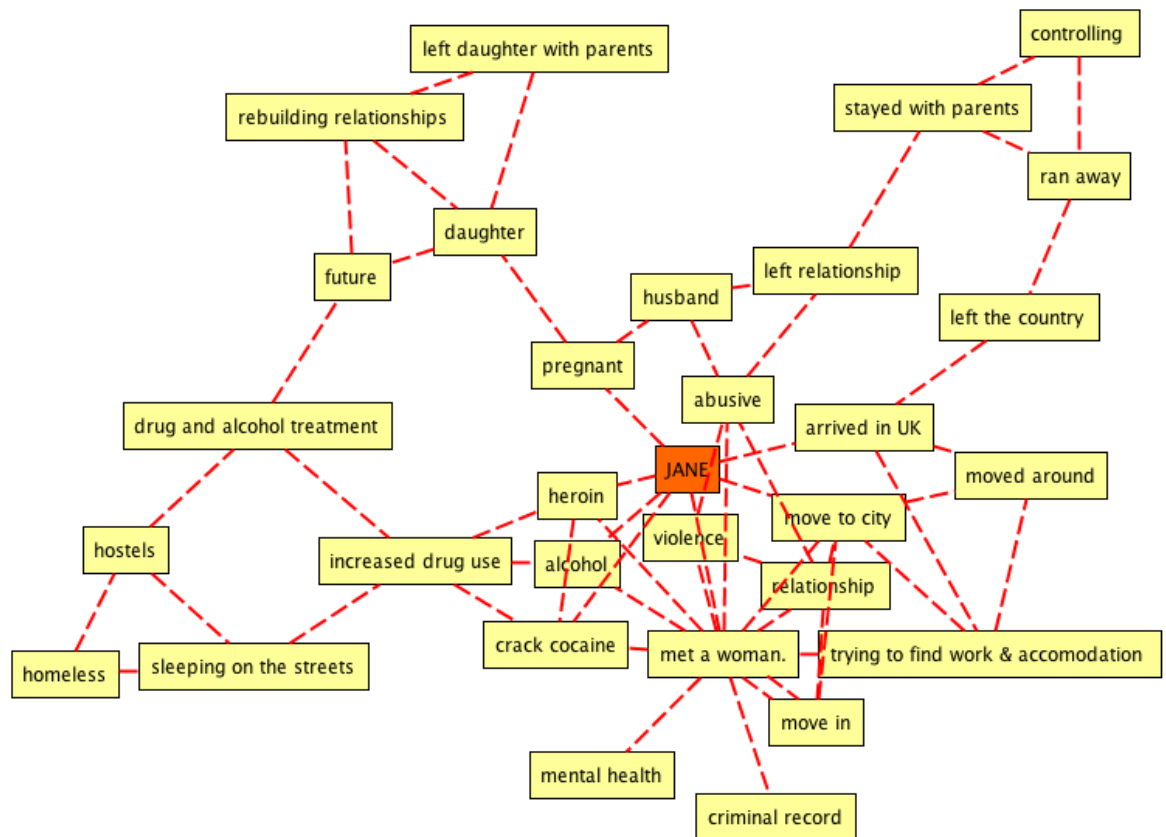
## Debbie



**Debbie** is in her mid forties and was diagnosed with schizophrenia in her twenties. She has been regularly using crack cocaine and cannabis since her late teens. She spent her childhood in foster care and was expelled from a number of schools. She has two adult children who she is in contact with, as children they were cared for by their fathers.



## Jane



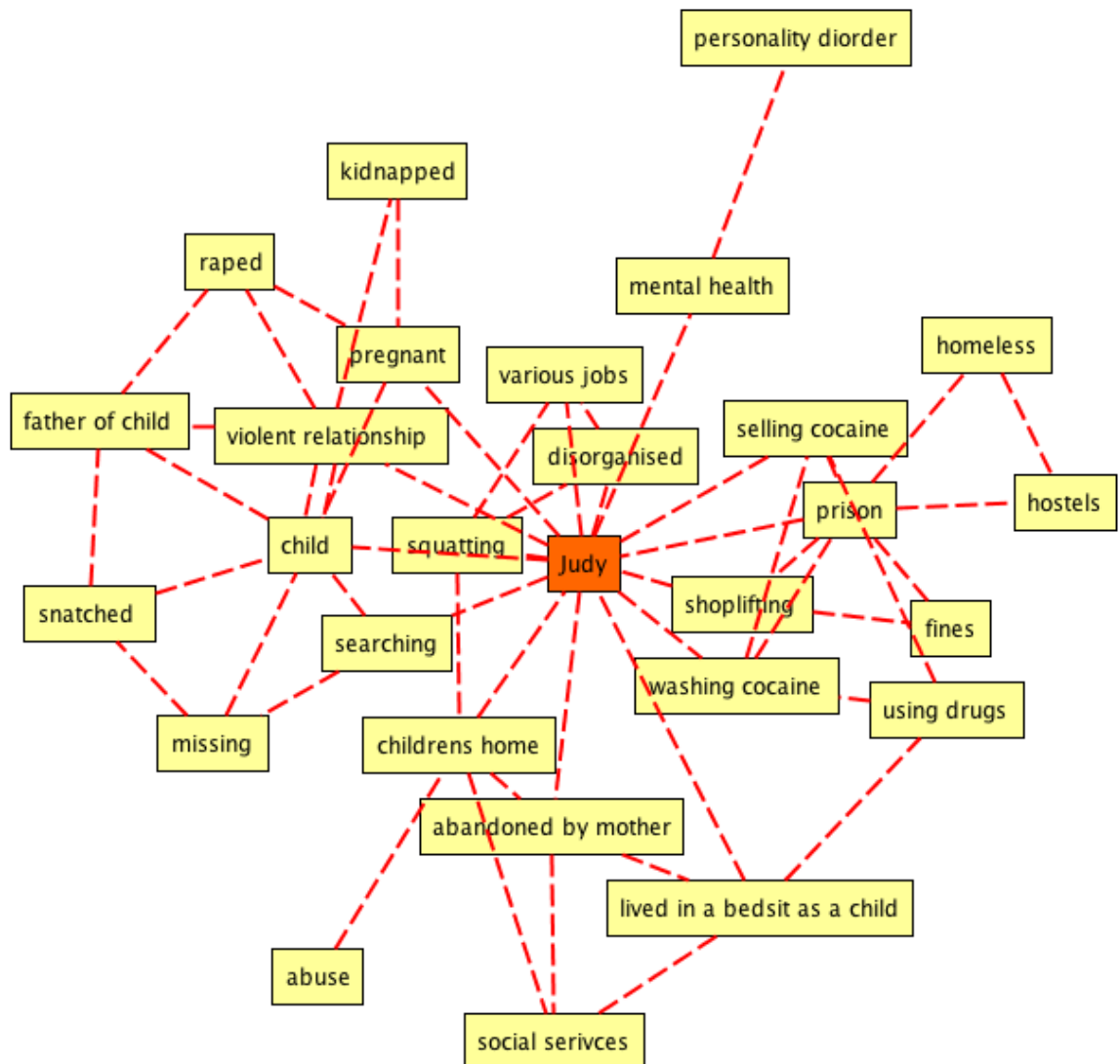
**Jane** came to the UK in her mid-twenties and has recourse to public funds. Prior to this she was married to a man she described as controlling and has a child from this relationship. Jane left her partner, moving in with her parents who she also describes as very controlling and she 'ran away' from. Her daughter remains in the care of her parents. More recently, her girlfriend physically abused her, and during this time her alcohol intake increased and she started using crack cocaine. Jane now lives in a hostel.

## Jasmine



**Jasmine** is in her late thirties and was living in the family home. She had to leave as her brother was using heroin and cocaine and his behaviour became difficult to live with. She dropped out of school at sixteen as a result of bullying; she has experienced difficulties with her mental health and uses cannabis to manage this. She is currently living in a hostel.

## Judy



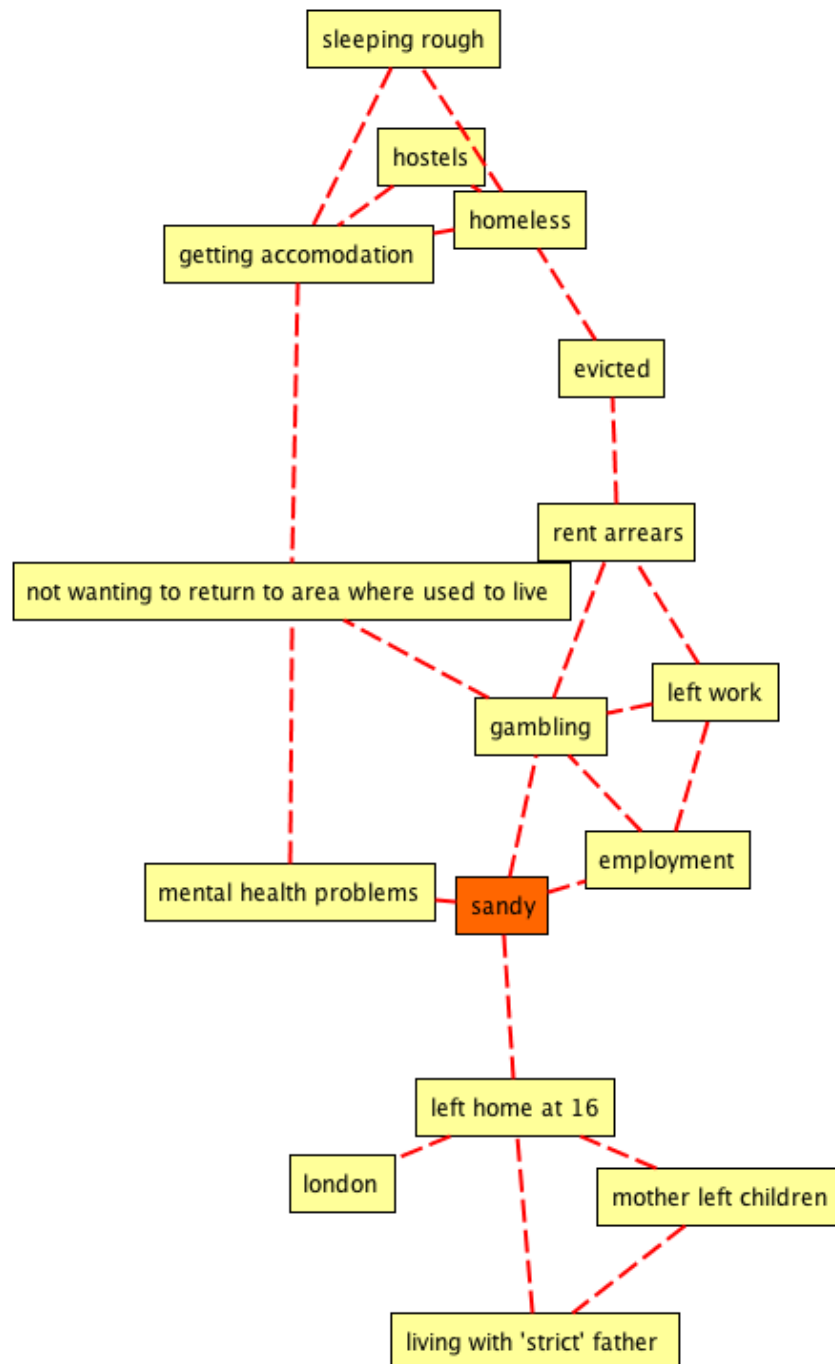
**Judy** is in her late forties. She said her mother abandoned her when she was eleven and only came to the attention of social services when she was fifteen years old. She was placed in a children's home, where she was aware of physical and sexual abuse taking place. At fourteen she started using drugs and spent her late teens washing and selling cocaine. Judy has been in an abusive relationship, and her child was 'snatched' from her by the father. Since this time she has been using heroin intermittently, been in prison a number of times, and has been diagnosed with a personality disorder.

## Rachel



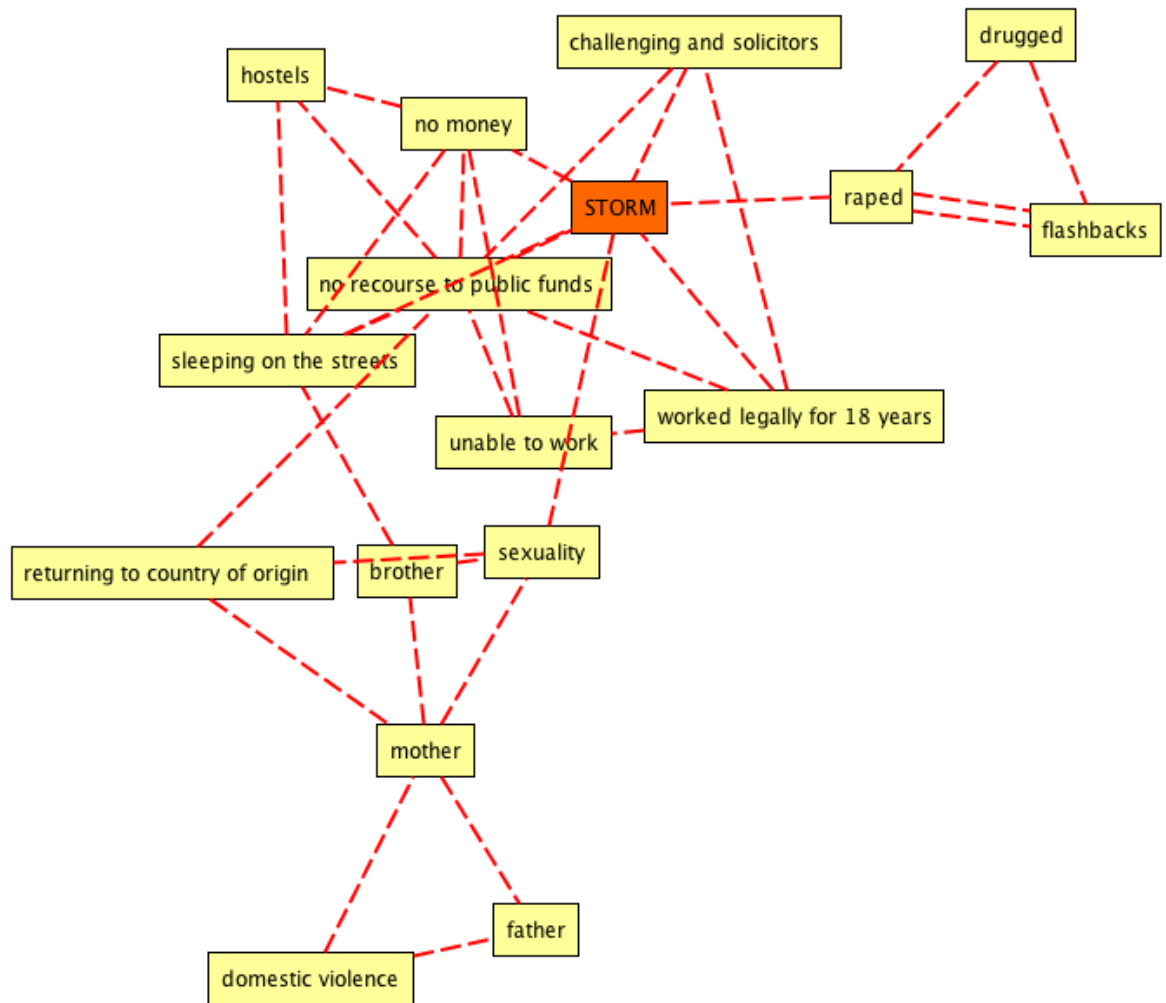
**Rachel** is in her late forties and in the past decade a number of her close friends and family have died. She has provided support to others experiencing difficulties. After working for twenty years at one company she was made redundant. She has experienced physical and mental health problems. Rachel struggled managing her bills and has since become homeless and is living in a hostel.

## Sandy



**Sandy** is in her late thirties. She said her mother abandoned her and her siblings to the care of her father when they were small children. She left home when she was sixteen and ended up in a hostel. She said she did not do well at school, returning to college later on to gain qualifications. She has had a number of jobs. Five years ago she started gambling, and this has resulted in her leaving her job, losing her home and finding herself homeless. She now sleeps on the streets or stays in hostels. Sandy has been diagnosed with OCD and depression.

## Storm



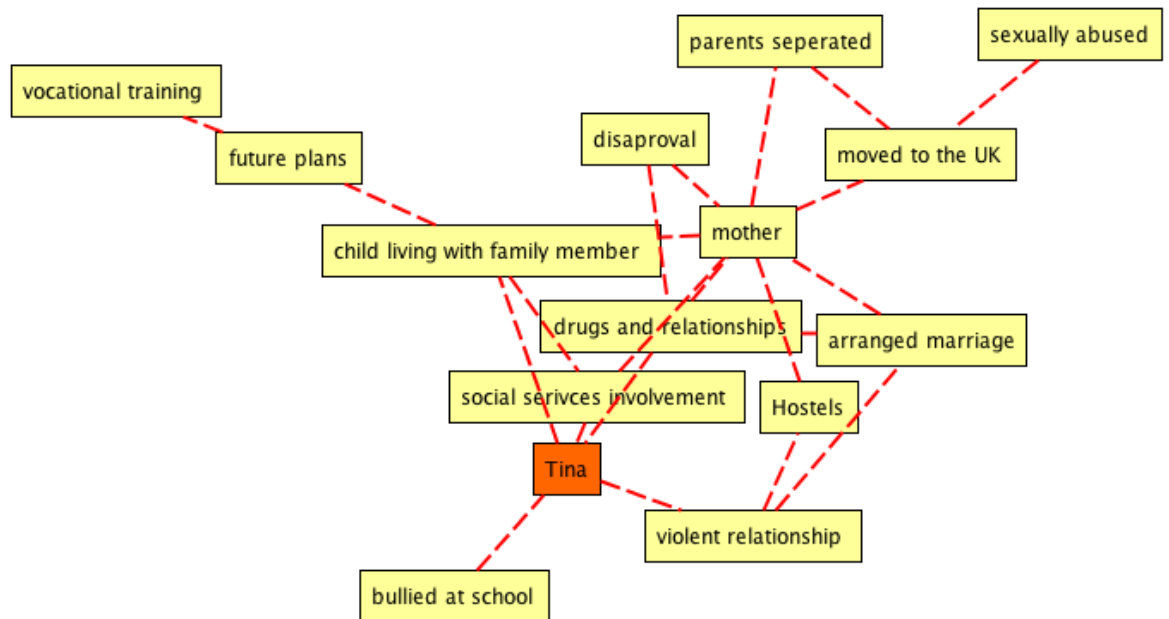
**Storm** is in her late thirties and has no recourse to public funds. Her parents divorced when she was five years old as it became apparent that her father simultaneously had another family. She said her father tried to kill her mother. She came to the UK in her mid-teens and has worked legally in the UK for nearly twenty years. She has since found out that she does not have all the papers needed and is now seeking asylum, in part due to the significant repercussions she would experience in her country of birth in response to her sexuality. She commented that she was raped when she was eighteen years old. Storm sleeps on the streets and is waiting for her asylum case to be heard.

## Tess



**Tess** is in her mid twenties. Her parents had a violent relationship and split up when she was four years old. Following social services involvement, Tess lived with her mother and stepfather, who had an alcohol problem. Tess was mostly home-schooled and did not gain any qualifications, after this she went to college and gained a diploma. Whilst at college, Tess was introduced to heroin and crack. She met and moved in with a man who sold drugs over the Internet, he was very violent towards Tess. Tess has been referred to a number of services and has stayed at many hostels, during this time she has been exploited and threatened by other men who use the services.

## Tina



**Tina** is in her early twenties. She was born in another country and as a child came with her mother to live in the UK after a family employee sexually abused her. Tina achieved some GCSE's, but was bullied at school, after which she attended work-based training. Tina started drinking and smoking during this time and her mother told her to either get a job or get married. Tina chose to enter an arranged marriage with a man from her country of birth, giving birth to a son shortly after. Tina's mother contacted social services, as she was concerned that Tina's husband was being violent to her and Tina was having difficulty looking after her child. Tina's mother now has custody of her child; Tina lives nearby and visits daily.



## **Appendix Two: Information for staff recruiting participants**

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As the recruitment of participants relied on the staff team at the service, I met with the team and put together this hand out which responded to their questions about the research. This was in addition to the participant information sheet, and sought to ensure that we did not recruit women who would be adversely affected by discussing their past.

### **Information for Staff team: Advice for recruiting participants to the research interviews**

What is the research about?

- The aim of the research is to develop a better understanding of the choices and decisions made by women when accessing and using helping services.
- This will include discussions around what has been helpful or not helpful, why it was or was not helpful and what else could have been done.
- It is essential that the voices of those who use these helping services are heard and I would ask that people sign up for interviews.

How long will the interviews take?

- As long as the woman wants – but most would be around an hour to an hour and a half?

What will happen in the interviews?

- Kathryn will ask participants to tell her about a time they sought help. There are no particular fixed questions, as Kathryn is keen to hear the woman's story.
- Participants should be aware that this will mean them thinking about their past, and this needs to be considered when offering to take part in the research.

Will the interviews be recorded?

- Only if the participant agrees, although it would be very helpful for Kathryn so she can focus on what is being said in the interview.
- Any recording is immediately transcribed and then the recording is deleted. All data is anonymous and Kathryn will discuss further with the participant at the beginning of the interview.

Are you offering participants a gift to make up for their time?

- Yes – a £20 “love to shop” voucher

Someone is interested what shall I do?

1. Give them a participant information sheet and consent form. They do not have to sign it now as we can go through it again at the interview, but it may be helpful for you to go through it and check that the woman is happy to be involved after reading it.
2. Find a slot in the Research Interview Schedule and write the woman’s name down in a time that suits them. If Kathryn is in the building and has available times then please direct them to Kathryn immediately, if the woman has time.
3. Confirm time slot with the potential participant.

## **Appendix Three: Participant information sheet**

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### **Section A: The Research Project**

**1. Title of project**

An exploration of decision making by women with complex needs.

**2. Purpose and value of study**

To develop a better understanding of the choices made by women when they using helping services.

It is intended that this information would help develop better services for women.

**3. Invitation to participate**

I would be grateful if you would give up some of your time to talk about your experiences using helping services.

All service users who participate in the study will be given a £20 gift voucher to thank them for their time.

**4. Who is organising the research**

My name is Kathryn Hodges and I am organising the research as part of my doctoral research.

I have spent the last ten years supporting people who are affected by their own or others substance use. I am also a trustee of [REDACTED].

My involvement with [REDACTED] is part of my continued interest in understanding of how services for women can be improved.

**5. What will happen to the results of the study**

I will share the findings of the research with participants, staff and trustees at [REDACTED].

Your name will not be mentioned in the reports and I will make sure that any information you feel identifies you is removed.

The research will be shared with people who pay for services.

The findings will also be written up for examination by Anglia Ruskin University as part of a PhD. It is also expected that the results of the study will be published in academic journals.

**6. Source of funding for the research**

This research is not receiving any funding.

## **7. Contact for further information**

Kathryn Hodges

Faculty of Health, Social Care and Education, Anglia Ruskin University, Chelmsford, Essex, CM1 1SQ

t: 07595 413 848

e: [kathryn.hodges@anglia.ac.uk](mailto:kathryn.hodges@anglia.ac.uk)

Alternatively you can contact my academic supervisors;

Dr. Sarah Burch

Anglia Ruskin University

t: 0845 196 2560

e: [sarah.burch@anglia.ac.uk](mailto:sarah.burch@anglia.ac.uk)

Dr. Adriana Sandu

Anglia Ruskin University

t: 0845 196 2129

e: [adriana.sandu@anglia.ac.uk](mailto:adriana.sandu@anglia.ac.uk)

## **Section B: Your Participation in the Research Project**

### **1. Why you have been invited to take part?**

You have been asked to take part in the study because you are getting support from [REDACTED].

### **2. You can refuse to take part**

You can refuse to take part; no one has to be involved.

### **3. Can I withdraw from the study at any time?**

You can withdraw from the study at any time. All information that you have shared with me will be destroyed.

I will ask that you let me (Kathryn) know that you don't want to be involved anymore by signing a form.

### **4. What will happen if you agree to take part?**

You will be asked to attend an interview at [REDACTED] at a time that suits you. I can answer any questions you have about what will happen and check that you are happy to take part.

You will then take part in a one-to-one interview with me that will last around an hour and a half. I would like to find out about your experience when you needed help and support.

Before we start I will make sure that you feel comfortable discussing things related to your past and there will be time to talk things through at the end of our session.

If you feel that anything is too difficult to talk about then please don't feel you have to.

### **5. Are there any risks involved and if so what will be done to ensure your wellbeing/safety?**

Sometimes when we talk about the past it can make us feel uncomfortable.

It is important you think about what it will be like to talk about things from your past. If you feel that it will cause you upset then I would rather you didn't put yourself in this position.

Alternatively you can make it clear that there are some things that you do not want to discuss.

At the end of the interview I will ask you how you are feeling and make sure that you have the opportunity to talk things through.

**6. Agreement to participate in this research should not compromise your legal rights should something go wrong**

Your legal rights will not be compromised by taking part in this research

**7. Are any special precautions you must take before, during or after taking part in the study?**

As mentioned earlier, you should only talk about things that you feel happy about discussing.

**8. What will happen to any information that is collected from you?**

No information that could identify you will be included. We can talk about this more at the beginning and end of the interview.

I would like to record the interview, but will not do this if you would prefer I didn't.

The digital recorder will be stored in a locked drawer. Once the interviews are written up, the recordings will be deleted.

Any written recording of our interview will be kept in a locked drawer.

Once I have talked to everyone I will look at all the information that has been shared and write about it.

Direct quotes from the interviews may be used when I write about the interviews, but I will make sure you cannot be identified.

One of the key aims of this research is to meet the requirements of doctoral study.

I intend to share this research in academic journals. I will also tell people who decide what services are available to help them understand what is needed.

**9. Are there any benefits from taking part?**

You will have a chance to share your experiences, letting people know how to make services better and more helpful for women.

**10. How will your participation in the project be kept confidential?**

At the start of our interview we will agree another name for you. I will be very careful to remove and change information that could identify you.

It is important that you know I will share my research with the staff at [REDACTED]. It is possible that a key worker then they may recognise your story as they have been supporting you. We can discuss this more when we meet.

YOU WILL BE GIVEN A COPY OF THIS TO KEEP,  
TOGETHER WITH A COPY OF YOUR CONSENT FORM

## Appendix Four: Participant consent form

Bishop Hall Lane  
Chelmsford  
Essex  
CM1 1SQ  
Switchboard: 0845 271 3333



### Participant Consent Form

Name of participant:	
Title of the project:	An exploration of decision making by women with multiple needs.
Main investigator and contact Details:	Kathryn Hodges Faculty of Health, Social Care and Education Anglia Ruskin University, Bishop Hall Lane Chelmsford, Essex CM1 1SQ m: [REDACTED] e: <a href="mailto:kathryn.hodges@anglia.ac.uk">kathryn.hodges@anglia.ac.uk</a>

Please read carefully and sign at the bottom of this page.

1. I agree to take part in the above research. I have read the Participant Information Sheet that is attached to this form. I understand what my role will be in this research, and all my questions have been answered to my satisfaction.
2. I understand that I am free to withdraw from the research at any time, for any reason and without prejudice.
3. I have been informed that the confidentiality of the information I provide will be safeguarded.
4. I am free to ask any questions at any time before and during the study.
5. I have been provided with a copy of this form and the Participant Information Sheet.
6. I agree that the interview can be recorded to enable the interviewer to focus on the interview rather than taking notes and understand that the interviewer will destroy this recording once a transcript has been made.
7. I understand that if the interviewer feels that I am at risk to myself or to other people that they have a duty of care to share this with [REDACTED]. The interviewer will discuss this with me first, unless they feel that by doing so they will further compromise my safety.

Data Protection: I agree to the University<sup>1</sup> processing personal data which I have supplied. I agree to the processing of such data for any purposes connected with the Research Project as outlined to me\*

Name of participant (print).....

Signed.....Date.....

YOU WILL BE GIVEN A COPY OF THIS FORM TO KEEP

If you wish to withdraw from the research, please complete the form below and return to the main investigator named above.

An exploration of decision making by women with complex needs  
I WISH TO WITHDRAW FROM THIS STUDY

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

## Appendix Five: Faculty Research Ethics Approval Letter



Anglia Ruskin  
University

Cambridge Chelmsford Peterborough

Chelmsford Campus  
Bishop Hall Lane  
Chelmsford  
CM1 1SQ

T: 0845 196 4125  
Int: +44 (0)1245 493131  
[www.anglia.ac.uk](http://www.anglia.ac.uk)

Ref: JHT/pmx/KH-13/039  
Enquiries: Pamela Maxwell  
Direct Line: 01245 684820  
Date: 07 February 2014

Kathryn Hodges

Dear Kathryn,

**Re: Application for Ethical Approval**

**Project Number:** 13/039  
**Project Title:** An exploration of decision making by women with complex needs.  
**Principal Investigator:** Kathryn Hodges

Thank you for your application for ethical approval which was considered by the Faculty (of Health, Social Care & Education) Research Ethics Panel (FREP) at its meeting on 13 November 2013 and your revisions received 27 January 2014.

I am pleased to inform you that you have now satisfied the criteria for your research proposal and this is now approved by the Faculty Research Ethics Panel under the terms of Anglia Ruskin University's *Policy and Code of Practice for the Conduct of Research with Human Participants*. Approval is for a period of 3 years from 13 November 2013.

It is your responsibility to ensure that you comply with Anglia Ruskin University's Policy and Code of Practice for Research with Human Participants and specifically:

- The procedure for submitting substantial amendments to the committee, should there be any changes to your research. You cannot implement these changes until you have received approval from FREP for them.
- The procedure for reporting adverse events and incidents.
- The Data Protection Act (1998) and any other legislation relevant to your research. You must also ensure that you are aware of any emerging legislation relating to your research and make any changes to your study (which you will need to obtain ethical approval for) to comply with this.
- Obtaining any further ethical approval required from the organisation or country (if not carrying out research in the UK) where you will be carrying the research out. Please ensure that you send the FREP Secretary copies of this documentation.
- Any laws of the country where you are carrying the research out (if these conflict with any aspects of the ethical approval given, please notify FREP prior to starting the research).



- Any professional codes of conduct relating to research or research or requirements from your funding body (please note that for externally funded research, a project risk assessment must have been carried out prior to starting the research).
- Notifying the FREP Secretary when your study has ended.
- Please ensure that it is not a personal mobile number that is being distributed as a contact via the participant information.

Information about the above can be obtained on our website at:

<http://web.anglia.ac.uk/onet/rdcs/ethics/index.phtml/> and  
<http://web.anglia.ac.uk/onet/faculties/hsce/research-ethics.phtml>

Please also note that your research may be subject to random monitoring by the committee.

Please be advised that, if your research has not been completed within the 3 years, you will need to apply to our Faculty Research Ethics Panel for an extension of ethics approval prior to the date your approval expires. The procedure for this can also be found on the above website.

Should you have any queries, please do not hesitate to contact my office. May I wish you the best of luck with your research.

Yours sincerely,



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## **Appendix Six: Executive Summary**

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### **1. Introduction**

Improving services for women is essential, in terms of both quality and access. For women who are sometimes considered as having multiple and complex needs, for example those involved in prostitution, the decision to leave services frequently puts women at a disadvantage, increasing the risk to their personal safety and wellbeing (Matthews et al., 2014).

There are a number of studies (for example, Neale, 2004; Becker and Duffy, 2002; Corston, 2007), which uncover the practical barriers for women when engaging with particular services such as addiction, criminal justice or mental health services. Whilst there is significant research indicating much provision is orientated around men, particularly in the criminal justice system, there is little which pertains to the decisions and choices that women make when engaging with services. This study explored how services could be improved for women experiencing multiple and intersecting needs, by finding out what informed their decisions to go to a helping service in the first place and then keep returning.

### **2. The research**

The key concern of this study was to understand from women experiencing multiple oppressions and support needs, the choices and decisions that they make when engaging with helping services. Participants accessed a centre supporting women involved in prostitution and who agreed to be involved in the study. This was an in-depth qualitative study, where semi-structured interviews were used to understand the experiences that led eleven women to attend the centre and find out what they liked or didn't like about helping services.

The application of Bacchi's What's the problem? approach (WTPA) (1999) provided a mechanism not only to critically interrogate data and support the development of themes in the findings, but was also used to bring attention to the silences and intersecting experiences both during the interviews themselves and in the analysis. The WTPA (Bacchi, 1999) approach was originally conceived to interrogate policy and the framing of problems. In this study it provided an analytic framework for women's narratives.

### **3. Findings**

#### **3.1. Multiple and intersecting needs**

In this study the lived effects and experiences of women involved, or at risk of involvement in prostitution, are intersecting and complex, as reflected in a wide body of literature (Coy, 2016a; b; Matthews et al., 2014; Farley, Franzblau and Kennedy, 2013; Hester and Westmarland, 2004). Women talked about their children, experiences of childhood and mothers, the difficulties of getting access to safe and secure accommodation, relationships, the rape and violence they had been subjected to, drug and alcohol use, mental health, immigration concerns and the various aspects of making, taking and managing money. The extent of grief and loss experienced by all of the women involved was striking.

#### **3.2. Things that happened: the framing of need**

There are a number of key areas that need to be considered and addressed when thinking about how we can improve services for women. Before any decision to seek help and support women have to know they have a need, that they are entitled to get support with this need, and then know where to access this help. That is, the framing women

apply to their understanding of need has an impact on their feelings of entitlement to help and support. However, women involved in this study did not refer to their circumstances or experiences as needs, rather they talked about the things that had happened to them. Need is a slippery concept to define in the first place (Godfrey and Callaghan, 2000), and if women's experiences are not viewed as needs in legislation and policy they will be left without access to help.

### **3.3. Making decisions and choices**

Many practical and environmental concerns prevented those involved in this study attending services, such as having to attend multiple appointments across a city, returning to geographical areas where they didn't want to go, or to places where they didn't want to meet certain people. However, women also made it clear that they made decisions and choices about the services they accessed because of the way they were met and spoken to. Women referred to an ability to 'read people', frequently stemming from previously being let down, and this informed them whether they would trust people to help them. Women talked about the welcome they received when going to a service for the first time, and needing to be put at ease.

### **3.4. Experiences of care-seeking**

This stance to approaching help and support originates in infancy where caregiving and careseeking experiences are developed (McCluskey, 2005). For many, the impact of receiving ineffective caregiving can be mitigated by other factors, such as support networks, financial circumstances, or access to education. For others this is not the case, meaning that future careseeking is experienced within the context of this history. When developing helping services it is imperative also to consider the impact of a history of trauma on women's careseeking. Treatment models are likely to be unsuccessful without fully understanding women's experiences and appreciating that these frequently include violence and other abuse (Covington, 2008).

### **3.5. A place of safety**

Finding a place of safety was important for the women involved in this study, and the behaviour of staff and management of the environment was significant, leading women to make judgements of how safe they felt. They were alert to staff who did not pay attention to what was happening in a service, when workers appeared to be in a rush and failed to give time to listen attentively, or where they felt unable to speak honestly as there was potential for a negative response. One woman explained that a safe place was where "people that will listen to you and do what they say they are going to do". According to Elliot et al (2005, p.462), the symptoms of trauma arise from violence and abuse experienced in the past because there has been an "absence of a safe environment". It is clear that creating a place of safety for women experiencing multiple and intersecting needs is a priority. Not only will this ensure better outcomes and quality of support, but also creating a place of safety has an impact on the decisions and choices women make when seeking help and support.

### **3.6. Looking for silences and intersections**

Through the application of Bacchi's (1999) WTPA, as a research method and analytical tool, close attention was paid to the silences. Looking for silences in the interviews, transcripts and recordings was particularly powerful, enabling a deeper understanding of the way women conveyed their experiences and thoughts. By paying attention to silences it becomes clear that there is a lot to be heard in the things that women feel they are unable to or do not want to mention, or where they do not have access to language that generates a helping response.

#### **4. Implications for practice, policy and research**

##### **4.1. Access to safe and secure housing**

Access to safe and secure housing is a paramount concern for women involved in this study, aligning with the findings of Matthews et al (2014). The lack of accommodation causes circumstances to become more complex for women, with detrimental impact on overall wellbeing and personal safety. Without somewhere safe to sleep women's ability to access support is impeded, significantly affecting the decisions and choices made when seeking help. The present housing model is a poor fit for women experiencing multiple and complex needs. Alternative models of housing support that address and respond to the intersecting experiences and needs of women are urgently required.

##### **4.2. Individual interactions amongst a myriad of services**

Services providing support for women experiencing multiple and complex needs should pay attention to the tenets of trauma-informed care, to help provide a safe environment for women to build up trust and belief in support services. In addition, staff should be trained to understand the various reasons and ways individuals approach seeking help, both in the role as careseeker and caregiver. This is supported by McCluskey (2005) who comments on the need to develop the training of caring professionals from general communication skills to bring attention to the interactions themselves. Whilst focusing on the individual interaction, consideration must also be paid to the myriad of helping services that are available, and how women are supported to access and navigate them.

##### **4.3. Experiences as needs**

The way women's experiences are considered as 'needs' in policy and legislation has to be addressed. Attention has to be paid to the intersecting experiences that result from multiple oppressions. This study highlights the discourse and policy implications of the current legal settlement relating to women's involved in prostitution. The experiences of women involved in prostitution as should be seen as needs that must be supported by helping services, rather than as active choices that are criminalised or stigmatised.

##### **4.4. Hearing silences**

It is essential to consider and look for silences in research, practice and policy, as they enable the breadth and detail of women's voices to be heard. The silences in women's voices appear in many forms, it is not just what is not said, but also the things that are said in different ways to other dialogue, or where significant events or experiences are 'glossed over'. When seeking to understand women's experiences it is essential that silences are actively looked for, as there is much information to be heard in them.

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